



Dental Assisting National Board, Inc.

Measuring Dental Assisting Excellence®

This exam application packet includes applications for the following exams:

- **Maryland General Duties Assisting Expanded Functions (MDG)**
- **Maryland Orthodontic Expanded Functions (MDO)**

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

DANB accepts 2019 applications through Dec. 31, 2019.

Maryland Expanded Functions Exams

Eligibility Pathways for Expanded Functions Dental Assistants in Maryland

To perform general dental or orthodontic assisting expanded functions in the state of Maryland, a dental assistant must register as a Dental Assistant Qualified in General Duties or Orthodontics. To qualify, one must:

1a. Complete a training program (minimum of 35 hours) approved by the MSBDE and pass the Maryland General Dental Assisting Expanded Functions (MDG) exam, for qualification in general duties, or pass the Maryland Orthodontic Expanded Functions (MDO) exam for qualification in orthodontics, or

1b. Pass the DANB Certified Dental Assistant™ (CDA®) exam for qualification in general duties, or pass the DANB Certified Orthodontic Assistant (COA®) exam for qualification in orthodontics (Note: If you hold a CDA or COA certification, contact the MSBDE for an application for qualification to perform expanded functions in Maryland. You will be required to provide proof of your DANB certification and dental assisting education to the MSBDE),



Apply for qualification from the MSBDE after completing all of the above requirements.

All inquiries regarding qualification, eligibility requirements and requests for qualification applications should be addressed to: Maryland State Board of Dental Examiners, Benjamin Rush Building, Spring Grove Hospital Center, 55 Wade Ave., Catonsville, MD 21228; 1-410-402-8500

Notes: On-the-job training does not qualify a dental assistant to perform expanded functions in Maryland.

While not required by law, it is recommended that a Dental Assistant Qualified in General or Orthodontic Duties also earn status as a Dental Radiation Technologist.

This application packet provides information on the exams and exam requirements for dental assistants applying to be Qualified Dental Assistants in the state of Maryland. Within guidelines established by state law, the Maryland State Dental Association (MSDA), in conjunction with the Maryland State Board of Dental Examiners (MSBDE), determines exam policy and standards. The MSBDE issues the state recognition of qualifications expanded functions when all requirements have been met.

The Maryland General Dental Assisting Expanded Functions (MDG) and Maryland Orthodontic Expanded Functions (MDO) exams are administered by the Dental Assisting National Board, Inc. (DANB) under an agreement with the MSBDE.

Direct all questions regarding DANB® exams to DANB at 1-800-367-3262.

Maryland Expanded Functions Exams

Maryland-Approved Programs in General Chairside/Orthodontic Assisting

Program Code	Program Name
1501	Academy of Orthodontic Assisting On-line (orthodontic assisting)
0500	Alleghany Community College (program defunct after 1990)
1504	All-State Career - Allied Health Division (general chairside assisting)
1503	Anne Arundel Community College (general chairside)
1505	Carroll Community College (general chairside assisting and orthodontic assisting)
0509	Center for Applied Technology- Edgewater (general chairside assisting)
0524	Chesapeake College Center for Allied Health (general chairside assisting)
1511	Clinical Orthodontic Assisting Program-Fast Track (orthodontic assisting)
0522	College of Southern Maryland (general chairside assisting)
0401	Community College of Baltimore County – Randallstown (general chairside assisting)
1527	Dental Assistant Training School (DATS) (general chairside assisting)
1534	Dental Assistant School of Maryland (general chairside assisting)
1502	Dr. James A Forrest Career and Technology Center (general chairside assisting)
0510	Essex Community College/The Community College of Baltimore County (program defunct as of Sept. 1, 2004) (general chairside/orthodontic assisting)
1509	Fortis Institute- Landover (general chairside)
0508	Fortis Institute-Towson (complete dental assisting program)
1520	Frederick Community College (general chairside and orthodontic assisting)
0513	Hagerstown Community College (general chairside and orthodontic assisting)
1533	Hands On Dental Assisting Training (general chairside assisting)
0520	Harford Community College (general chairside and orthodontic assisting)
1532	Hygiene Associates (general chairside assisting)
1506	Kaplan College formerly known as Hagerstown Business College (general chairside)
1536	Maryland Dental Assistant School (general chairside)
1521	Maryland State Dental Association (general chairside and orthodontic assisting)
1535	Metro Institute of Health and Technology of VA (general chairside assisting)
1526	RH Dental Education Concepts (general chairside and orthodontic assisting)
1512	Southern Maryland Dental Society (general chairside and orthodontic assisting)
1531	Vivien T. Thomas Medical Arts Academy (general chairside)

Maryland Expanded Functions Exams

Testing with DANB

Timeline

Start	Submit exam application, documentation, fees
1-2 weeks	Exam application is processed (if the application is incomplete, DANB will attempt to contact you for missing information)
1-2 weeks	Instructions to schedule your exam will be emailed and available in your online DANB account
60-day testing window	Log in to your account at www.danb.org to schedule your exam appointment. Take exam and received preliminary exam result
2-3 weeks from exam date	Receive official exam results

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, log in to your account at www.danb.org. 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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Maryland Expanded Functions Exams

About DANB Exams

How to Prepare to Take an Exam

Step 1: Review the exam outline

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. 6)
- Textbooks and other reference materials
- The DALE Foundation's review courses and study aides (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

MDG Exam Outline

125 multiple-choice items

1 ½ hours testing time

<u>Domain</u>	<u>% of Items</u>
1. Perform vitality tests	2-5
2. Take alginate impressions for study models, diagnostic casts and intraoral appliances	5-8
3. Apply topical anesthetic	2-5
4. Apply topical fluoride	2-5
5. Prepare and cement temporary crowns and restorations	6-7
6. Remove temporary crowns	2-5
7. Remove excess cement	5-7
8. Place or remove retraction cords	5-7
9. Place desensitizing agents	2-5
10. Place or remove rubber dams	4-5
11. Place or remove a matrix band/wedge	5-7
12. Prepare and fit stainless steel crowns, not to include tooth preparation or crown cementation	2-4
13. Construct athletic mouthguards and custom trays	5-7
14. Perform etching and bonding procedures	5-7
15. Dry a root canal	2-4
16. Remove sutures	2-3
17. Remove or replace a periodontal dressing	2-3
18. Demonstrate knowledge of oral and dental anatomy	5-8
19. Demonstrate knowledge of oral and dental morphology	5-7
20. Demonstrate knowledge of infection control (use of barrier techniques, knowledge of sterilization procedures and occupational safety concerns)	4-6
21. Cure by use of halogen light	2-4
22. Fabricate indirect restorations in the dental office	2-4

Maryland Expanded Functions Exams

About DANB Exams

MDO Exam Outline

100 multiple-choice items

1 ¼ hours testing time

Domain	% of Items
1. Take impressions for study models, diagnostic casts and intraoral appliances	5-8
2. Apply and use fluorides	2-4
3. Prepare, fit and cement orthodontic bands (i.e., remove excess cement, check for loose bands)	9-12
4. Demonstrate use of athletic mouthguards on models	2-4
5. Isolate, etch, bond and place brackets	9-12
6. Place and remove archwires	4-7
7. Demonstrate knowledge of the edgewise appliance (braces)	4-7
8. Place elastics and ligatures	4-7
9. Demonstrate knowledge of oral and dental anatomy and morphology	7-10
10. Demonstrate knowledge of other orthodontic appliances (e.g., select headgear)	7-10
11. Provide patient with oral hygiene education	4-7
12. Demonstrate knowledge of tooth movement	2-4
13. Demonstrate knowledge of the removal of cemented or bonded orthodontic bands and attachments	7-10
14. Demonstrate knowledge of infection control (use of barrier techniques, knowledge of sterilization procedures and occupational safety concerns)	6-9
15. Apply desensitizing agents	2-4
16. Apply topical anesthesia	2-4
17. Cure by use of halogen light	2-4

Exam Reference Materials

DANB exam committees use the textbooks and reference materials listed below 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 listed through various libraries and bookstores, or you may contact the publisher directly.

1. Wilkins, Esther M. *Clinical Practice of the Dental Hygienist*. 10th and 11th ed. Philadelphia, PA: Lippincott, 2008 and 2013.
2. Phinney, Donna J., and Judy H. Halstead. *Dental Assisting: A Comprehensive Approach*, 3rd and 4th editions. Delmar, 2008 and 2013.
3. 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.
4. Bird, Doni L., and Debbie S. Robinson. *Essentials of Dental Assisting*. 5th edition. Elsevier, 2013.
5. Miller, Chris, and Charles J. Palenik. *Infection Control and Management of Hazardous Materials for the Dental Team*. 5th edition. Mosby, 2013.
6. Tyler, Lori. *Pearson's Comprehensive Dental Assisting*. Upper Saddle River, NJ: Pearson, 2009.
7. Harris, Norman O., Franklin Garcia-Godoy and Christine Nielson Nathe. *Primary Preventive Dentistry*. 7th and 8th ed. Upper Saddle River, NJ: Pearson Education, 2008 and 2014.
8. Bird, Doni L., and Debbie S. Robinson. *Modern Dental Assisting*. 10th and 11th editions. Elsevier, 2011 and 2015.
9. Malamed, Stanley F. *Handbook of Local Anesthesia*. 6th ed. St. Louis, MO: Elsevier/Mosby, 2013.
10. Proffit, William R., Henry W. Fields and David M. Sarver. *Contemporary Orthodontics*. 4th and 5th ed. St. Louis, MO: Elsevier/Mosby, 2006 and 2013.

Maryland Expanded Functions Exams

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 of my exam results to the Maryland State Board of Dental Examiners (MSBDE), in accordance with and subject to the procedures and regulations of DANB and the MSBDE. 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 MSBDE 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 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.

Maryland Expanded Functions Exams

2019 MDG/MDO Exam Application

This application will be accepted through Dec. 31, 2019.

1. Candidate must sign, date and submit all required documentation and fees to DANB.
Incomplete applications will be denied and a refund minus the \$75 nonrefundable processing fee will be issued.
2. Mail or fax completed application and supporting documentation to DANB. Full payment is required at the time of application.

MDG 3800
MDO 3801

Section A: Exam Information

What exam(s) are you applying for?

- MDG exam MDO exam

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 application fee is not refundable under any circumstances. I hereby apply in accordance with the rules and regulations governing the exam; and I herewith enclose the fee. I hereby agree that prior or subsequent to examination, the MSBDE or DANB may investigate my eligibility and may refuse to issue the exam results and such refusal may not and shall not be questioned by me in any court of law or equity or other tribunal, nor shall I have any claim in the event of such refusal to a return of the fee accompanying the application.

Signature Date

Section C: 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

Home Address City State Zip

Phone Numbers:

Office Home Cell

Section D: Eligibility Information

Required Maryland Approved-Training Program Code (see p. 3)

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

Exam Fees MDG MDO Candidate's Name
 \$275 \$250

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 \$

MDG 3880
MDO 3801

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.)

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.

Maryland Expanded Functions Exams

Application Checklist

Have you:

- Read the instructions and information in this application packet?
- Read and agreed to be bound by Maryland and DANB rules, regulations, policies and procedures as noted in this application packet? (See *Application Statements*, p. 7)
- Filled out the exam application in its entirety?
- Signed and dated the exam application?
- Enclosed the application and exam fee or provided credit card information?
- Enclosed the *Reasonable Accommodations Request* forms, if needed? Note: These forms can be found at www.danb.org.
- 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 applications will be denied and a refund minus the \$75 nonrefundable application fee will be issued.