



Dental Assisting National Board, Inc.

*Measuring Dental Assisting Excellence®*

**This application packet includes an application for the following:**

- **Oregon Expanded Function  
Preventive Dental Assistant (EFPDA)  
certificate – Pathway IV**

When applying for a DANB-issued state certificate, you are responsible for reading, understanding and complying with the policies and procedures in the ***State Candidate Handbook***, available at [www.danb.org](http://www.danb.org).

DANB accepts 2019 applications through Dec. 31, 2019.

# Oregon Expanded Function Preventive Dental Assistant – Pathway IV

## Eligibility Pathways for Expanded Function Preventive Dental Assistants in Oregon

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

To perform expanded preventive functions in Oregon under the supervision of a licensed dentist, a dental assistant must earn status as an Expanded Function Preventive Dental Assistant (EFPDA). To qualify, one must:

### Pathway I

- A. Hold an Oregon Certificate of Radiologic Proficiency AND
- B. Successfully complete a Commission on Dental Accreditation (CODA)-accredited dental assisting program

### Pathway II

- A. Hold an Oregon Certificate of Radiologic Proficiency, AND
- B. Pass the DANB Certified Preventive Functions Dental Assistant (CPFDA®) exam, AND
- C. Pass the Oregon Expanded Functions — General Dental Assisting exam (ORXG), AND
- D. Provide endorsement from a dentist licensed in Oregon stating that the applicant has completed clinical requirements

### Pathway III

- A. Hold an Oregon Certificate of Radiologic Proficiency, AND
- B. Pass the Oregon Basic Dental Assisting exam (ORB), AND
- C. Pass the Oregon Expanded Functions — General Dental Assisting exam (ORXG), AND
- D. Provide endorsement from a dentist licensed in Oregon stating that the applicant has completed clinical requirements

### Pathway IV

- A. Be certified in another state that has training and certification requirements substantially similar to Oregon's requirements **or**  
Obtain verification of competence from a licensed dentist of having been employed for at least 1,000 hours in the past two years as a dental assistant performing expanded preventive functions substantially similar to Oregon's



**Apply** for Oregon EFPDA certificate from DANB after completing all of the above requirements.

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

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

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# Oregon Expanded Function Preventive Dental Assistant – Pathway IV

## Application Statements

Please read the following Application Statements carefully. These statements apply to all DANB state exams.  
Candidate's signature on the application indicates understanding and agreement to be legally bound by these statements.

1. I hereby apply to the Dental Assisting National Board, Inc. (DANB) for examination by DANB and issuance to me of a certificate and issuance of my certificate to the Oregon Board of Dentistry (OBD), in accordance with and subject to the procedures and regulations of DANB and the OBD. Under penalty of perjury, I declare that the information provided on my application is true. I have read and agree to the requirements and conditions set forth in the DANB application packet covering eligibility for and the exam and DANB policies, including but not limited to the DANB Code of Professional Conduct. I agree to disqualification from the exam and return to DANB of any results granted me by the OBD based on DANB exam results in the event that any of the answers or statements made by me in this application are false, or in the event that I violate any DANB rules or regulations. I authorize DANB to make whatever inquiries and investigations it deems necessary to verify my credentials or professional standing.
2. I hereby release DANB, its directors, officers, examiners and agents from any and all liability arising out of or in connection with any action or omission by any of them in connection with this application, the certification process, any exam given by DANB, any scoring relating thereto, the failure to issue me a certificate, or any demand for forfeiture or return of such certificate, and I agree to indemnify DANB and said persons and hold them harmless from any lawsuit, complaint, claim, loss, damage, cost or expense, including attorneys' fees, arising out of or in connection with said certification activities. I UNDERSTAND THAT THE DECISION AS TO WHETHER I QUALIFY FOR A NATIONAL CERTIFICATION OR CERTIFICATE OF KNOWLEDGE-BASED COMPETENCE RESTS SOLELY AND EXCLUSIVELY WITH DANB AND THAT THE DECISION OF DANB IS FINAL. Notwithstanding the above, should I file suit against DANB, I agree that any such action shall be governed by and construed under the laws of the State of Illinois without regard to conflicts of law. I further agree that any such action shall be brought in the Circuit Court of Cook County in the State of Illinois, or the United States District Court for the Northern District of Illinois; I consent to the jurisdiction of such state and federal courts; and I agree that the venue of such courts is proper. I further agree that should I not prevail in any such action, DANB shall be entitled to all costs, including reasonable attorneys' fees, incurred in connection with the litigation.
3. I understand that except as provided below, this application and any information or material received or generated by DANB in connection with this application or the exam process will be kept confidential and will not be released unless I have authorized such release or the release is required by law. I understand that DANB will verify receipt of any DANB exam application and the date received, on request. I further understand and agree that DANB may also provide verification to anyone by phone, by mail or on DANB's website regarding whether I hold any DANB certifications, any DANB certificates of knowledge-based competence, and any state-specific certificates administered by DANB on behalf of a state regulatory body. Phone and mail verification will be provided to anyone upon request and will consist of oral or written confirmation of whether I hold any of the DANB-administered credentials listed above and the effective dates for each credential. Online verification through DANB's website may consist of online display of my name, the DANB-administered credentials I hold and dates earned, current DANB certification status, and my city and state of residence. My full address will not be posted online by DANB. I further understand and agree that DANB may, from time to time, provide my name, address and phone number to third parties (including but not limited to official DANB affiliates, potential employers; dental conference sponsors; federal, national or state organizations; or legislative committees or task forces proposing or informing stakeholders of legislation). I further understand that this consent will remain in effect unless and until I submit a written request to have this information omitted from release. I understand that if I do not want DANB to display my city and state of residence as part of the online verification process, then I must submit a written request for omission of this information to the following address: DANB Communications Department, 444 N. Michigan Ave., Suite 900, Chicago, IL 60611. (I understand that my name, credentials held [issued by DANB as described above] and current DANB certification status will be displayed for everyone; opting out of display of information is only possible for an individual's city and state.)
4. I understand that by providing my email address on the application form, I am consenting to receive email messages from DANB and its official affiliates related to their products and services or news affecting the dental assisting profession. I understand that DANB agrees not to provide my email address to any other third party without my consent, and that I can request removal from DANB's email distribution list by following the directions contained in the Privacy Policy section of DANB's Terms and Conditions of Use of DANB.org, located at [www.danb.org](http://www.danb.org).
5. I understand that for each application submitted, DANB will process the appropriate payment. If I fail to show up for an exam for which I have applied, and there is no documented DANB-accepted emergency, and I failed to comply with DANB cancellation policies, I am still obligated to pay the full exam fee. I further understand that taking the exam and then revoking payment constitutes the wrongful use of DANB products and services and I may be subjected to legal action. I am obligated to pay for the exam whether I pass or fail. I agree not to dispute the exam fee. Exam results will be rescinded if the exam fee is not paid in full.

# Oregon Expanded Function Preventive Dental Assistant – Pathway IV

## 2019 Oregon EFPDA Certificate Application – Pathway IV

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

1. Candidate must sign, date and submit all required documentation and \$150 (\$100 processing fee and \$50 certificate fee) nonrefundable fee to DANB. **Incomplete applications will be denied.**
2. Have completed *Out-of-State Credential Verification* form or *Out-of-State Work Experience Verification* form mailed directly to DANB.
3. Mail or fax completed application and supporting documentation to DANB. Full payment is required at the time of application.

OR-EFPDA4 Certificate  
3884c29

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

*I hereby affirm that my answers to all questions are true and correct, I have met all eligibility requirements, and I will comply with all DANB and OBD policies and procedures. I further affirm that I have read and understood the Application Statements contained in this packet, and I intend to be legally bound by them. I understand that the certificate fee is not refundable under any circumstances. I hereby apply in accordance with the rules and regulations governing the certificate. I hereby agree that prior or subsequent to issuance, the OBD or DANB may investigate my eligibility and may refuse to issue the certificate and such refusal may not and shall not be questioned by me in any court of law or equity or other tribunal, nor shall I have any claim in the event of such refusal to a return of the certificate fee accompanying the application.*

Signature  Date

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

Last Four SSN  Date of Birth  /  /

Name (must match current ID exactly):

Last  First  Middle Name/Initial

Prior Name (if applicable)  Email

Home Address  City  State  Zip

Phone Numbers:

Office  Home  Cell

### Section C: Eligibility Information

- Out-of-state credential: Must mail *Out-of-State Work Credential Verification* form in a sealed envelope from the state board (p. 5)
- Out-of-state work experience: Must mail *Out-of-State Work Experience Verification* form in a sealed envelope from the licensed dentist (p. 6)

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

Candidate's Name

OR-EFPDA4  
Certificate  
3884c29

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

Credit Card Authorization (VISA, MasterCard, Discover & American Express accepted): Amount **\$150.00**

Credit Card Number  CVV  Expiration  /  M M / Y Y

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.

# Oregon Expanded Function Preventive Dental Assistant – Pathway IV

## 2019 Out-of-State Credential Verification Form

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

1. Must be filled out completely by the state dental board.
2. **Must be mailed directly to DANB in a sealed envelope from the state board or application will be denied as incomplete.**

### Section A: Candidate Information

Name

Credential Number  Date Issued

Address

City  State  Zip

### Section B: Credential Information

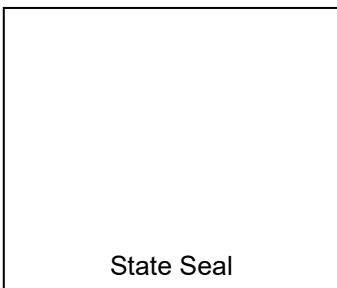
I hereby attest that the above-named candidate was granted license/certificate number  to perform the following allowable expanded functions in the State of  on the basis of successfully passing the following examination(s):

- Clinical examination
- Written examination

Allowable expanded functions in this state **MUST** include:

- Polish the coronal surfaces of teeth with a brush or rubber cup as part or oral prophylaxis to remove stains

Secretary Signature  Date



# Oregon Expanded Function Preventive Dental Assistant – Pathway IV

## 2019 Out-of-State Work Experience Form

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

1. Must be filled out completely by dentist licensed in a state other than of Oregon.
2. **Must be mailed directly to DANB in a sealed envelope from the licensed dentist or application will be denied as incomplete.**

### Section A: Dentist's Information

Licensed Dentist's Name

License Number  State Issued

Dental Practice Address

City  State  Zip  Office Phone

### Section B: Work Experience

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

Candidate Name

I hereby attest that the above-named candidate has worked at least 1,000 hours in the past two years as a dental assistant where such employment involved to a significant extent performing all expanded functions, and all functions were performed on a live patient. Any functions performed on typodonts will not be accepted.

Dates candidate was employed:

From  /  To  /   
Month Year Month Year

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

By signing this form, I further attest that I have personally trained or can verify that the candidate has been trained and is proficient in the following areas and that all functions listed are legally allowable in the state the candidate accrued dental assisting work experience:

- ✓ Polish the coronal surfaces of teeth with a brush or rubber cup as part of oral prophylaxis to remove stains

Dentist's Signature  Date

## Application Checklist

### Have you:

- Read the instructions and information in this application packet?
- Read and agreed to be bound by Oregon and DANB rules, regulations, policies and procedures as noted in this application packet? (See *Application Statements*, p.3)
- Filled out the certificate application in its entirety?
- Signed and dated the certificate application?
- Enclosed the certificate fee or provided credit card information?
- Made a copy of your entire application packet for your records?
- Had your *Out-of-State Credential Verification* form or *Out-of-State Work Experience* form mailed directly to DANB?
  
- Addressed your envelope OR prepared your information to be faxed?

*Mail to:*

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

*Fax credit card payments only to:*

DANB  
1-312-642-8507

### If you have not:

- completed the application in full,
- enclosed, signed and dated your application, and
- provided payment (check, money order, cashier's check) or payment information (credit card)

*your application will be considered incomplete and will not be processed.*

**Incomplete certificate applications will be denied and the \$100 nonrefundable processing fee and \$50 nonrefundable certificate fee will be retained by DANB.**