



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

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

- **Missouri Test of Basic Dental Assisting Skills (MBDA)**

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 2018 applications through Dec. 31, 2018.

Missouri Test of Basic Dental Assisting Skills

Missouri EFDA Requirements

To perform expanded functions under the direct supervision of a licensed dentist in the state of Missouri, an expanded functions dental assistant must hold an expanded functions permit from the Missouri Dental Board. To earn the expanded functions permit, one must:

1. Complete one of the following:
 - a Hold DANB® Certified Dental Assistant™ (CDA®) certification and graduate from a Commission on Dental Accreditation (CODA)-accredited dental assisting program in which competency testing in the appropriate expanded functions category* was completed, **OR**
 - b Hold DANB CDA certification and complete a Missouri Dental Board-approved expanded functions training course, **OR**
 - c Pass the MBDA exam and complete a Missouri Dental Board-approved expanded functions training course

AND

2. Hold current certification in the American Heart Association's Basic Life Support for the Healthcare Provider (BLS), or an equivalent certification approved by the MDB



Apply for permit* from the MDB after completing all of the above requirements.

*Expanded functions permits are issued in five categories: Restorative I, Restorative II, Orthodontics, Fixed Prosthodontics, and Removable Prosthodontics.

All inquiries regarding permit, eligibility requirements and requests for permit applications should be addressed to: Missouri Dental Board, 3605 Missouri Boulevard, P.O. Box 1367, Jefferson City, MO 65102-1367: 1-573-751-0040

This application packet provides information concerning the MBDA exam, which is administered by the Dental Assisting National Board, Inc. (DANB). Permits for expanded functions are regulated by the Missouri Dental Board (MDB). The MDB issues Expanded Functions Dental Assistant (EFDA) permits to those who have met permit requirements. The MBDA exam meets part of the requirements of one pathway to qualify for a Missouri EFDA permit.

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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	<i>Test Admission Notice</i> (with instructions to schedule your exam) is available in your online DANB account and mailed to your address on record
60-day testing window	Visit www.vue.com/danb to schedule your exam appointment. Take exam and received preliminary exam result
2-3 weeks from exam date	Receive official exam result

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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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. 5)
- 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

MBDA Exam Outline

133 multiple-choice items

105 minutes testing time

<u>Domain</u>	<u>% of Items</u>
I. Oral Disease Prevention	10
a. Sealants	
b. Fluoride	
c. Nutrition	
d. Dental caries	
e. Patient education	
II. Dental Materials	10
a. Physical properties	
b. Preparation	
c. Manipulation	
d. Application	
III. Medical Emergencies	10
a. Signs and symptoms	
b. Prevention	
c. Health history review/documentation	
IV. Charts/Legal/Jurisprudence	10
a. Dental record requirements	
b. Legal responsibilities and regulations (e.g., HIPAA, OSHA)	
c. State-specific dental assistant rules	
V. Radiation Health and Safety	10
a. Expose (e.g., select technique)	
b. Evaluate radiographic image quality	
c. Radiation safety for the patient and operator	
VI. Infection Control	30
a. Standard/universal precautions	
b. Prevention of disease transmission (e.g., CDC guidelines)	
c. Occupational safety (e.g., OSHA regulations)	
VII. Tooth Morphology	20
a. Head and neck	
b. Oral cavity	
c. Tooth numbering systems	
d. Occlusion	
e. Oral pathology	

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Exam References

Exam Reference Materials

DANB exam committees use the textbooks and reference materials 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. 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. 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.

Missouri Test of Basic Dental Assisting Skills

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 Missouri Dental Board (MDB), in accordance with and subject to the procedures and regulations of DANB and the MDB. 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 MDB 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.

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Application Checklist

Have you:

- Read the instructions and information in this application packet?
- Read and agreed to be bound by Missouri and DANB rules, regulations, policies and procedures as noted in this application packet? (See *Application Statements*, p. 6)
- 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.