



Dental Assisting National Board, Inc.

Measuring Dental Assisting Excellence®

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

- **New Jersey Expanded Duties – General (NJXDG)**

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.

New Jersey Expanded Duties – General Exam

Eligibility Pathways for Dental Assistants in New Jersey

A New Jersey Registered Dental Assistant (RDA) is legally allowed to perform New Jersey Expanded Duties under the direct supervision of a licensed dentist, both general and orthodontic, as specified in the New Jersey State Dental Practice Act, in any type of dental practice setting.

Be a high school graduate or its equivalent



PATHWAY I

1. Complete a Commission on Dental Accreditation (CODA)-accredited dental assisting program (within 10 years prior to application)
2. Pass DANB's Certified Dental Assistant™ (CDA®) exam or Certified Orthodontic Assistant (COA®) exam (within 10 years prior to application)

PATHWAY II

A.

1. Pass DANB's CDA exam or COA exam (within 10 years prior to application)
2. Obtain at least two years of work experience as a dental assistant (within five years prior to application)
3. Pass an expanded functions course approved by the NJSBD
4. Pass the NJXDG exam

B.

1. Pass DANB's CDA exam or COA exam (within 10 years prior to application)
2. Obtain at least two years of work experience as a dental assistant (within five years prior to application)
3. Pass the NJXDG exam



Apply for licensure from the NJSBD after completing all of the above requirements.

All inquiries regarding registration, eligibility requirements and requests for registration applications should be addressed to: New Jersey State Board of Dentistry, 124 Halsey St., 6th Fl., Newark, NJ 07102; 973-504-6405

Registration is regulated by the Department of Law and Public Safety, Division of Consumer Affairs, through the NJSBD. Within guidelines established by law, the NJSBD determines the eligibility requirements, sets the exam and/or educational standards, and issues the registration when requirements are met.

This application packet provides information concerning the exam that dental assistants must pass in order to become registered in the state of New Jersey. The exams are administered by the Dental Assisting National Board, Inc. (DANB) under an agreement with the New Jersey State Board of Dentistry (NJSBD). Inquiries regarding the **exam** should be made to DANB.

New Jersey Expanded Duties – General Exam

Timeline

	Submit exam application, documentation, fees
1-14 days	Application and fees are processed (if incomplete, DANB will contact you)
1-14 days	Upon application approval, you will receive an email with a link to schedule your exam appointment within your 60-day testing window (also available in your online DANB account)
Exam day	Receive preliminary exam results at testing center
2-3 weeks from exam date	Receive official exam result

Reschedule an Exam Appointment

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.

Take Your Exam

You must present one form of identification (ID). The ID must be a currently valid, non-expired government-issued photo and signature-bearing ID, in roman characters. The printed name on the ID must match the name exactly as it appears in your online DANB account. If your name in your online DANB account and ID do not match, you must download and submit the Name Change Request form available at www.danb.org prior to your exam appointment.

The middle name does not need to be spelled out, but the initial must match (e.g., “M” on ID card and “Mary” in your online DANB account and vice versa). If your name is hyphenated, your ID must also show a hyphenated name (e.g., “John Doe-Smith” on ID and “John Doe-Smith” in your online DANB account).

Acceptable forms of ID include:

- U.S. driver’s license
- Valid passport
- Military ID card
- U.S. ID card
- U.S. government-issued permanent resident card (with a photo and signature, commonly known as the green card, formerly known as the alien registration card)

If you arrive at the test center and your ID does not match your registered name, you will be turned away from testing. See the missed exam appointment instructions below.

Request a New or Cancel a Testing Window

If you are unable to test within the 60-day testing window:

1. Access your application within your online DANB account and click on name of exam to be canceled, AND
2. Cancel an existing exam appointment.
- 3a. Request a new 60-day testing window-the new window is immediately issued upon submission of the request, OR
- 3b. Cancel the 60-day testing window to receive a partial refund.

Missed Exam Appointment

If you miss an exam appointment:

1. You will receive an email to reschedule at a reduced fee (only available one time and for up to 60 days after the missed exam appointment).
2. Access your application within your online DANB account and click on name of missed exam to reschedule at a reduced fee (after 60 days you will have to reapply and pay full fees).

Missed Exam Appointment Due to Emergency

If you miss your exam appointment due to a documented, DANB-accepted emergency:

- Access your application within your online DANB account and click on name of missed exam.
- If approved, a new 60-day testing window is immediately issued.
- If denied — you will receive an email to reschedule at a reduced fee (only available for up to 60 days after the missed exam appointment).

Reasonable Accommodations

If you require accommodations to test:

1. Access your online DANB account and submit the request for accommodations and documentation with your exam application.
2. If accommodations are approved — you will receive an email with a link to schedule your exam appointment within your 60-day testing window (also available in your online DANB account).

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.

New Jersey Expanded Duties – General Exam

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

NJXDG Exam Outline

106 multiple-choice items

80 minutes testing time

<u>Domain</u>	<u>Number of Items</u>
1. Isolate the operative field, including the placement and removal of rubber dams	7
2. Place and remove matrices and wedges	7
3. Place temporary restorations	5
4. Remove excess cement from crowns or other restorations	5
5. Remove sutures	6
6. Fabricate and cement temporary crowns and bridges after preparation of tooth and crowns by dentist (does not include intraoral adjustments)	6
7. Etch in preparation for bonding, sealants and desensitizing agents	5
8. Perform hand removal of crowns and bridges that have been temporarily cemented	5
9. Take alginate impressions	6
10. Place amalgam, composite or gold foil in a tooth for condensation by the dentist	5
11. Place and remove retraction cords and medicated pellets	8
12. Perform bite registration procedures	5
13. Place and remove periodontal dressings and other surgical dressings	6
14. Trial size (pre-select) stainless steel crowns and temporary crowns intraorally	5
15. Prepare coronal surfaces for bonding and restoration, with pumice and water only, not including prophylaxis	10
16. Take impressions for and perform laboratory fabrication of mouthguards, not including insertion of the appliance	5
17. Application of fluoride, pit and fissure sealants and other recognized topical agents for the prevention of oral disease or discomfort	10

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New Jersey Expanded Duties – General Exam

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

New Jersey Expanded Duties – General

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 New Jersey State Board of Dentistry (NJSBD), in accordance with and subject to the procedures and regulations of DANB and the NJSBD. 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 administration of the exam 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 the NJSBD 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.

New Jersey Expanded Duties – General

2019 NJXDG 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.

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Section A: 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 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 NJSBD 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 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: Work Experience Information

I work in a: general dental office specialty dental practice other (please specify) _____

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

Candidate's Name

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 **\$225.00**

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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

New Jersey Expanded Duties – General

Application Checklist

Have you:

- Read the instructions and information in this application packet?
- Read and agreed to be bound by New Jersey 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.