This exam application packet includes applications for the following exams:

- New York Professional Dental Assisting exam (NYPDA)
- Radiation Health and Safety (RHS), Infection Control (ICE) and NYPDA combination exam

When applying for the New York Professional Dental Assisting exam, a state-specific DANB-administered exam, you are responsible for reading, understanding and complying with the policies and procedures in the State Candidate Handbook.

The Radiation Health and Safety (RHS) and Infection Control (ICE) exams are DANB exams. Candidates applying for these exams are responsible for reading, understanding and complying with the policies and procedures in the Candidate Handbook.

You may access both handbooks at www.danb.org/About-DANB/Forms-Used-on-This-Site.aspx.

Eligibility Pathways for Dental Assistants in New York

A dental assistant in the state of New York must be licensed as a Registered Dental Assistant in order to perform supportive services under the direct supervision of a licensed dentist. To be licensed in the state of New York, one must:

- Be of good moral character, as determined by the New York State Education Department
- Be at least 18 years of age
- Be a high school graduate or its equivalent

Successfully complete one of these two education options:
(a) a New York-approved one-year course of study in dental assisting consisting of 24 semester hours, in a degree-granting institution or a Board of Cooperative Educational Services (BOCES) program that includes at least 200 hours of clinical experience

OR

(b) an alternate course of study in dental assisting acceptable to the New York State Education Department (NYSED) that includes at least 1,000 hours of relevant work experience in accordance with the Commissioner’s regulations.

*For information on New York-approved courses, contact the New York State Board for Dentistry at 518-474-3817, ext. 550.

PATHWAY I
Pass all three components of the national DANB® Certified Dental Assistant™ (CDA®) exam: Radiation Health and Safety (RHS®), Infection Control (ICE®), and General Chairside Assisting (GC).

PATHWAY II
Pass:
(a) The New York Professional Dental Assisting (NYPDA) exam
AND
(b) DANB’s ICE and RHS exams

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

All inquiries regarding licensure, eligibility requirements and requests for licensure applications should be addressed to: New York State Education Department, Division of Professional Licensing Services, Dental Assisting Unit, 89 Washington Ave., Albany, NY 12234, or call 1-518-474-3817, ext. 270.

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New York Licensure Information
DANB has an agreement with the New York State Education Department (NYSED) to administer the exam(s) necessary for a dental assistant to qualify for licensure in New York. **Dental Assistants must be licensed in the state of New York** in order to perform supportive services under the direct supervision of a licensed dentist (see box below). Licensure is regulated by the NYSED. Within parameters established by law and regulations, the department determines eligibility requirements, sets education and exam requirements, and issues a license when requirements are met.

<table>
<thead>
<tr>
<th>Supportive Services*</th>
</tr>
</thead>
<tbody>
<tr>
<td>As defined by the State of New York, supportive services include providing patient education, taking preliminary medical histories and vital signs to be reviewed by the dentist, placing and removing rubber dams, selecting and prefitting provisional crowns, selecting and prefitting orthodontic bands, removing orthodontic arch wires and ligature ties, placing and removing matrix bands, taking impressions for study casts or diagnostic casts, removing periodontal dressings, removal of sutures placed by a dentist, taking impressions (for space maintainers, orthodontic appliances, and occlusal guards), removing temporary cement, applying topical anticariogenic agents to the teeth, applying desensitizing agents to the teeth, placing and removing temporary separating devices, placing orthodontic ligatures, taking x-rays in accordance with the requirements of section 3515(4)(c) of the Public Health Law, and other dental supportive services authorized by the licensed dentist while the Registered Dental Assistant is under the direct personal supervision of the licensed dentist, provided that such other dental supportive services are not excluded by New York regulations.</td>
</tr>
<tr>
<td>*As authorized under Chapter 494 of the Laws of 1994 and amended by Chapter 565 of the Laws of 1995</td>
</tr>
</tbody>
</table>

Supervision Required for Registered Dental Assistants
A Registered Dental Assistant may provide dental supportive services only under the direct personal supervision of a licensed dentist. The Registered Dental Assistant must perform the dental procedures based on instructions given by a licensed dentist in the course of the procedure. The dentist must remain in the dental office where the supportive services are being performed, personally diagnose the condition to be treated, personally authorize the procedure, and evaluate the services performed by the dental assistant prior to dismissing the patient.

Only Registered Dental Assistants or licensed dentists and dental hygienists are legally allowed to provide supportive services. Individuals who provide any of these services in New York without earning a license from the State of New York as a Registered Dental Assistant are not in compliance with the law and are in danger of being prosecuted for a felony.

DANB Certified Dental Assistant Definition and Information
DANB’s Certified Dental Assistant (CDA) certification is a national certification that dental assistants may earn by meeting eligibility requirements and passing three DANB component exams — the General Chairsie Assisting (GC), Infection Control (ICE), and Radiation Health and Safety (RHS) exams. A Registered Dental Assistant is a dental assistant who has met the requirements of New York Pathway I or New York Pathway II and received a license from the New York State Education Department. To become licensed in New York, a dental assistant must meet New York education requirements and either pass all three components of DANB’s national Certified Dental Assistant (CDA) exam or pass the NYPDA exam, along with national DANB RHS and ICE component exams. See p. 2 of this packet for more information on the pathways.

**Candidates who wish to apply for DANB’s CDA exam** (one of the requirements for New York Pathway I) must graduate from a Commission on Dental Accreditation (CODA)-accredited dental assisting program, or have two years of general dental assisting experience and proof of high school graduation or equivalent, and meet DANB’s additional eligibility requirements. Candidates may apply for DANB’s CDA exam and its components at DANB’s website, www.danb.org.

**Candidates who wish to apply for the RHS and ICE component exams** as part of New York Pathway II requirements may apply online at DANB’s website, www.danb.org.

**Current or former DANB CDA certificants** who earned the CDA certification prior to June 1, 1985, must pass the RHS and ICE components of the current DANB CDA exam and meet the remaining New York licensure eligibility requirements to be eligible for licensure as Registered Dental Assistants. Current or former DANB CDA certificants who earned the CDA certification between June 1, 1985, and June 1, 1993, must pass the ICE component exam and meet the remaining New York licensure eligibility requirements to be eligible for licensure as Registered Dental Assistants in New York.

**Other DANB certificants**: If applying for licensure through NY Pathway I, only a current or former DANB CDA certificant is recognized as having met exam requirements for licensure as a Registered Dental Assistant in New York. Current or former Certified Orthodontic Assistant (COA®) or Certified Oral and Maxillofacial Surgery Assistant (COMSA®) certificants who have passed DANB’s ICE exam (i.e., those who earned the COA and/or COMSA certification on or after June 1, 1994) may become licensed through New York Pathway I only by completing the remaining two CDA components (GC and RHS) or the NYPDA and RHS exams. Current or
Use of Credential Designations
A candidate who completes one of the two education options and all requirements for New York Pathway I is a national DANB CDA certificant as well as a Registered Dental Assistant in New York. As long as the candidate maintains CDA certification by annually fulfilling DANB’s renewal requirements, the candidate may use the CDA certification mark. Candidates who do not renew their DANB certifications are no longer certified by DANB and may not use the CDA certification mark. However, these individuals may continue to practice as Registered Dental Assistants in New York as long as they continue to meet New York licensure requirements.

Candidates who are licensed by the State of New York through New York Pathway II are not DANB CDA certificants and may not use the CDA certification mark. These dental assistants may earn DANB CDA certification once they meet the DANB eligibility requirements and successfully complete the General Chairside Assisting (GC), Infection Control (ICE) and Radiation Health and Safety (RHS) component exams of the CDA exam within five years. Candidates who are licensed by the State of New York through Pathway II are Registered Dental Assistants. These licensees may use the initials RDA after their names to signify their licensed status.
New York Professional Dental Assisting 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

Exam Reference Materials
DANB exam committees use the textbooks and reference materials on p. 6 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.

NYPDA Exam Outline
120 multiple-choice items
1½ hours testing time

Domain % of Items
Collection and recording of clinical data 10
Chairside dental procedures 45
Chairside dental and lab materials 13
Patient education and oral health management 10
Prevention and management of patient emergencies 12
Office operations 10

Radiation Health and Safety (RHS) Exam Outline
100 multiple-choice items
1¼ hours testing time

Domain % of Items
Expose and evaluate 26
Quality assurance and radiology regulations 21
Radiation safety for patients and operators 31
Infection control 22

Infection Control* (ICE) Exam Outline
100 multiple-choice items
1¼ hours testing time

Domain % of Items
Standard precautions and the prevention of disease transmission 20
Prevention of cross-contamination during procedures 34
Instrument/device processing 26
Occupational safety/administrative protocols 20

*References 2003 CDC Guidelines for Infection Control in Dental Health-Care Settings and Occupational Safety and Health Administration (OSHA) Standards and the 2016 CDC Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care.
Exam References

DANB exam committees use the following textbooks and reference materials to develop this exam (excluding the Additional/Optional Study Resources section). 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 below through various libraries and bookstores, or you may contact the publisher directly.

RHS exam references

Suggested References
   - Guidelines for Infection Control in Dental Health-Care Settings — 2003 (MMWR, Vol. 52, RR 17)

Additional/Optional Study Resources
   - Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Oral Health; October 2016
   - Bloodborne Pathogens Standard (1910.1030)
   - An Introduction to Basic Concepts in Dental Radiography (Course #715)
   - Conventional Dental Radiography Review
   - DANB RHS Review
   - DANB RHS Practice Test
   - Glossary of Dental Terms

ICE exam references

Suggested References
   - Guidelines for Infection Control in Dental Health-Care Settings—2003 (MMWR, Vol. 52, RR 17)
   - Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Oral Health; October 2016
   - *Bloodborne Pathogens Standard* (1910.1030)

**Additional/Optional Study Resources**

   - *From Policy to Practice: OSAP’s Guide to the Guidelines*
   - *OSAP’s OSHA & CDC Guidelines: Interact Training System*
   - *Infection Control in the Dental Office: A Review for a National Infection Control Exam* (Course #0906)
   - *Guidelines for Infection Control in Dental Health Care Settings* (Course #1305)
   - DANB ICE Review
   - DANB ICE Practice Test
   - Glossary of Dental Terms
   - CDEA module: *Understanding CDC’s Summary of Infection Prevention Practice in Dental Settings: Basic Expectations for Safe Care*
4. OSAP-DALE Foundation Dental Infection Prevention and Control eHandbook™
   - *Updated U.S. Public Health Service guidelines for the management of occupational exposures to HBV, HCV, and HIV and recommendations for postexposure prophylaxis* (MMWR, Vol. 50, RR 11)
   - *Hazard Communication Guidelines for Compliance* (Publication 3111)

**NYPDA exam references**

**Suggested References**


**Additional/Optional Study Resources**

   - General Chairside Assisting: *A Review for a National Chairside Exam* (Course #613)
   - DANB GC Review Part I
   - DANB GC Review Part II
   - DANB GC Practice Test
   - Glossary of Dental Terms
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 York State Education Department (NYSED), in accordance with and subject to the procedures and regulations of DANB and the NYSED. 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 NYSED 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.
Background Information Policy

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

Note: Any person being held on criminal charges or serving a sentence of confinement (e.g., prison, jail, home detention, or any equivalent mode of confinement) for any offense, must be fully released from confinement before applying for and/or taking a DANB exam or before renewing or reinstating DANB certification.

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, judgment of conviction, sentencing order and termination of probation order, if applicable, and any other documentation deemed necessary by DANB.

BIQ 2 For regulatory, credentialing or educational disciplinary action, an 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, official copies of all relevant court orders and related documents.
New York Professional Dental Assisting Exam

2020 NYPDA and RHS/ICE/NYPDA Exams Application

This application will be accepted through Dec. 31, 2020.

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.

Section A: Exam Information (Please sign and date with a pen.)

What exam(s) are you applying for? □ NYPDA exam □ RHS/ICE/NYPDA exam

Section B: Signature and Date

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 understand 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 NYSED 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: Background Information Questions (Please type or print with a pen.)

Read the questions in their entirety on page 10. If you checked Yes for any question, you must 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 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.)

Last Four SSN ______________ Date of Birth _______________

Name (must match current ID exactly):

Last __________________________ First __________________________ Middle Name/Initial __________________________

Prior Name (if applicable) __________________________ Email (required) __________________________

Home Address __________________________ City __________________________ State __________________________ Zip __________________________

Phone Numbers:

Office __________________________ Home __________________________ Cell __________________________

Section E: New York-Approved Dental Assisting Program

NYSED-Approved Dental Assisting Program Code__________________________ (Required; see page 11 for a list of program codes.)

Section F: Work Experience Information

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

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

Exam Fees NYPDA RHS/ICE/NYPDA Candidate’s Name __________________________

□ Check/Money Order payable to DANB (must include candidate’s name and be in U.S. dollars) Amount $ __________________________

□ Credit Card Authorization (VISA, MasterCard, Discover & American Express accepted): 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.)

DANB • 444 N. Michigan Ave., Suite 900 Chicago, IL 60611 Fax: 312-642-8507

Questions? 800-367-3262 or danbmail@danb.org Do not submit twice or you will be charged twice.
<table>
<thead>
<tr>
<th>Code</th>
<th>Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>1610</td>
<td>Cattaraugus-Allegany BOCES 1825 Windfall Rd. Olean, NY 14760 (716) 376-8200</td>
</tr>
<tr>
<td>7015</td>
<td>SUNY Educational Opportunity Center 555 Ellicott St. Buffalo, NY 14203 (716) 849-6725</td>
</tr>
<tr>
<td>7016</td>
<td>Erie Community College – North Campus 6205 Main St. Williamsville, NY 14221 (716) 842-2770</td>
</tr>
<tr>
<td>7017</td>
<td>Hudson Valley Community College (On Campus) 80 Vandenburgh Ave. Troy, NY 12180 (518) 629-7442</td>
</tr>
<tr>
<td>7018</td>
<td>Mandl School, The College of Allied Health 254 W. 54th St. New York, NY 10019 (212) 247-3434</td>
</tr>
<tr>
<td>7019</td>
<td>Monroe Community College – Brighton Campus (DART) 1000 E. Henrietta Rd., Bldg. 8 Rochester, NY 14623 (585) 292-2761</td>
</tr>
<tr>
<td>7020</td>
<td>Monroe 2 – Orleans BOCES 3589 Big Ridge Rd. Spencerport, NY 14559 (585) 352-2504</td>
</tr>
<tr>
<td>7021</td>
<td>Nassau BOCES Barry Tech 1196 Prospect Ave. Westbury, NY 11590 (516) 396-2390</td>
</tr>
<tr>
<td>7022</td>
<td>New York School for Med/Dent Assts 3310 Queens Blvd. Long Island City, NY 11101-2302 (718) 793-2330</td>
</tr>
<tr>
<td>7023</td>
<td>Onondaga-Cortland-Madison BOCES 110 Elwood Davis Rd. Liverpool, NY 13090 (315) 453-4424</td>
</tr>
<tr>
<td>7024</td>
<td>Center for Instruction, Technology and Innovation-CITI BOCES 179 County Rt. 64 Mexico, NY 13114 (315) 593-9461</td>
</tr>
<tr>
<td>7028</td>
<td>Greater Southern Tier BOCES – Bush Campus (High School) 459 Philo Rd. Elmira, NY 14903 (607) 739-3581</td>
</tr>
<tr>
<td>7029</td>
<td>Greater Southern Tier BOCES – Bush Campus (Adult Education) 459 Philo Rd. Elmira, NY 14903 (607) 739-7905</td>
</tr>
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<td>7030</td>
<td>Greater Southern Tier BOCES – Bush Campus (CDAMP) 459 Philo Rd. Elmira, NY 14903 (607) 739-3581</td>
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<tr>
<td>7031</td>
<td>Greater St. Paul’s School of Nursing 2 Teleport Dr. Corporate Commons Two Staten Island, NY 10311 (718) 517-7700</td>
</tr>
<tr>
<td>7032</td>
<td>Stony Brook University, School of Dental Medicine South Dr. 184A Sullivan Hall Stony Brook, NY 11794 (631) 632-7998</td>
</tr>
<tr>
<td>7033</td>
<td>Ulster BOCES South Dr. 175 Route 32 North New Paltz, NY 12561 (845) 331-5050</td>
</tr>
<tr>
<td>7034_SC</td>
<td>Other</td>
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</tbody>
</table>
Application Checklist

Have you:

☐ Read the instructions and information in this application packet?

☐ Read and agreed to be bound by New York 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 on 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.