



## Dental Assisting National Board, Inc.

*Measuring Dental Assisting Excellence®*

**This exam application packet includes applications for the following exams:**

- **New York Professional Dental Assisting (NYPDA)**
- ~~**New York Infection Control (NYI)**~~
- ~~**New York Radiography (NYR)**~~

Effective November 5, 2019, the NY state legislature changed laws affecting dental assistants. As a result, the New York State Board for Dentistry has discontinued the New York Infection Control (NYI) and New York Radiation Health and Safety (NYR) exams. Candidates may choose to instead apply for DANB's Infection Control (ICE) and Radiation Health and Safety exams (RHS). The New York State Board for Dentistry may be reached at 518-474-3817, ext. 300.

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](http://www.danb.org).

DANB accepts 2019 applications through Dec. 31, 2019.

# New York Professional Dental Assisting Exams – Pathway III

## Eligibility Pathways for Dental Assistants in New York

A dental assistant in the state of New York must be licensed 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 at least 17 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) component exam

**AND**

(b) DANB's ICE and RHS components exams

### PATHWAY III

**Pass:**

(a) The New York Professional Dental Assisting (NYPDA) component exam

**AND**

(b) the New York Infection Control (NYI)\*\* and New York Radiography (NYR)\*\* component 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; 1-518-474-3817, ext. 270.

*\*\*Please note that the NYI and NYR exams are not components of any DANB certification program and passing these exams does not meet any requirements to earn DANB certification. The NYI and NYR exams are offered to NY state residents and those who work in NY state only. These exams do not require the individual to answer the Background Information Questions required for DANB national exams. If the candidate is interested in also earning a DANB certification, the candidate must apply for and pass all of the DANB component exams required for that certification. Please visit DANB's website at [www.danb.org](http://www.danb.org) for more information on the current DANB certifications offered and to download the exam application packets.*

# New York Professional Dental Assisting Exams – Pathway III

## New York State Information

### 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.

### Supportive Services\*

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 (not including temporary fillings), 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 New York State Licensed “certified 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.

\*As authorized under Chapter 494 of the Laws of 1994 and amended by Chapter 565 of the Laws of 1995

### Supervision Required for New York State Licensed “certified dental assistants”

A New York State Licensed “certified dental assistant” may provide dental supportive services only under the direct personal supervision of a licensed dentist. The New York State Licensed “certified 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 New York State Licensed “certified dental assistants” or licensed dentists and dental hygienists are legally allowed to provide supportive services. Individuals who provide any of these services without earning a license as a New York State Licensed “certified 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 Chairside Assisting (GC), Infection Control (ICE), and Radiation Health and Safety (RHS) exams. A New York State Licensed “certified 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 or the New York-specific NYR and NYI exams. See p. 1 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. Applications for the CDA exam and its components are available in the 2017 DANB CDA exam application packet on DANB’s website at [www.danb.org](http://www.danb.org).

**Candidates who wish to apply for the RHS and ICE component exams** only as part of New York Pathway II requirements can find applications for these exams in the current *DANB CDA* exam application packet. The application for the New York state-specific exams is on p. 8 of this packet.

**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 or the NYI and NYR component exams and meet the remaining New York licensure eligibility requirements to be eligible for licensure as New York State Licensed “certified 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 or NYI component exam and meet the remaining New York licensure eligibility requirements to be eligible for licensure as New York State Licensed “certified dental assistants” in New York.

## New York Professional Dental Assisting Exams – Pathway III

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**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 a New York State Licensed “certified dental assistant.” 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 NYR exams. Current or former COA and COMSA certificants who earned the COA or COMSA certification before June 1, 1994 and all current or former Certified Dental Practice Management Administrators (CDPMA®) certificants must pass all three CDA component exams in Pathway I.

### **Use of Credentials**

A candidate who completes all requirements for New York Pathway I is a national DANB CDA certificant as well as a New York State Licensed “certified dental assistant.” 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 DANB CDA certification mark. However, these individuals may continue to practice as New York State Licensed “certified dental assistants” 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 DANB 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 New York State Licensed “certified dental assistants.” These licensees may use the initials RDA after their names to signify their licensed status.

# New York Professional Dental Assisting Exams – Pathway III

## Testing with DANB

### Timeline

Start	Submit exam application, documentation, fees
1-2 weeks	Exam application is processed (if the application is incomplete, DANB will attempt to contact you for missing information)
1-2 weeks	Instructions to schedule your exam will be emailed and available in your online DANB account
60-day testing window	Log in to your account at <a href="http://www.danb.org">www.danb.org</a> 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](http://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](http://www.danb.org), download and complete the *Request a New Testing Window Due to an Emergency* form, and submit the form and required documentation to DANB within 60 days of your missed appointment.

If you miss an exam appointment for any other reason, you will receive a *Request a New Testing Window Due to a Missed Exam Appointment* form and may reapply for the exam at a reduced rate within 60 days of the missed appointment. After 60 days, you must pay full exam fees.

To reschedule an exam appointment within the 60-day testing window, log in to your account at [www.danb.org](http://www.danb.org). The appointment may be rescheduled up to 24 hours before the scheduled appointment. Only the candidate may reschedule an appointment.

### Reasonable Accommodations

If you require accommodations to test, download the *Reasonable Accommodations* form at [www.danb.org](http://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](http://www.danb.org).

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# New York Professional Dental Assisting Exams – Pathway III

## 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. 7)
- 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. 7 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

1 ½ hours testing time

<b>Domain</b>	<b>% of Items</b>
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

#### **NYI Exam Outline**

120 multiple-choice items

1 ¼ hours testing time

<b>Domain</b>	<b>% of Items</b>
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

#### **NYR Exam Outline**

120 multiple-choice items

1 ¼ hours testing time

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

# New York Professional Dental Assisting Exams – Pathway III

## Exam References

### General Exam References — for the NYPDA, NYI and NYR Exams

1. Bird, Doni L., and Debbie S. Robinson. *Modern Dental Assisting*. 11th and 12th ed. St. Louis, MO: Elsevier/Saunders, 2015 and 2017.
2. Phinney, Donna J., and Judy H. Halstead. *Dental Assisting: A Comprehensive Approach*. 4th ed. Clifton Park, NY: Delmar, 2013.
3. Bird, Doni L., and Debbie S. Robinson. *Essentials of Dental Assisting*. 5th ed. St. Louis, MO: Elsevier/Saunders, 2013.
4. The DALE Foundation. *Glossary of Dental Terms*. [www.dale-foundation.org](http://www.dale-foundation.org)

### NYI Exam

1. The Organization for Safety and Asepsis (OSAP). [www.osap.org](http://www.osap.org).
  - From Policy to Practice: OSAP's Guide to the Guidelines
  - OSAP's OSHA & CDC Guidelines: Interact Training System
2. The American Dental Assistants Association (ADAA). [www.dentalassistant.org](http://www.dentalassistant.org)
  - 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)
3. The DALE Foundation. [www.dalefoundation.org](http://www.dalefoundation.org).
  - DANB ICE Review
  - DANB ICE Practice Test
  - CDEA module: Understanding CDC's Summary of Infection Prevention Practice in Dental Settings: Basic Expectations for Safe Care
4. Centers for Disease Control and Prevention (CDC) [www.cdc.gov](http://www.cdc.gov)
  - Guidelines for Infection Control in Dental Health-Care Settings — 2003 (MMWR, Vol. 52, RR 17)
  - Centers for Disease Control and Prevention. 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; 2016
  - 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)
5. U.S. Department of Labor, Occupational Safety and Health Administration (OSHA). [www.osha.gov](http://www.osha.gov).
  - Hazard Communication Guidelines for Compliance (Publication 3111)
  - Hazard Communication Standard (Code of Federal Regulations #29, Part 1910)
  - Bloodborne Pathogens Standard (1910.1030)
6. Miller, Chris and Charles J. Palenik. *Infection Control and Management of Hazardous Materials for the Dental Team*. 6th ed. Mosby, 2017.
7. Molinari, John and Jennifer Harte. *Cottone's Practical Infection Control in Dentistry*. 3rd ed. Lippincott,

2010Centers for Disease Control and Prevention (CDC).

### NYPDA Exam

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. Little, James W., Donald A. Falace, Craig S. Miller and Nelson L. Rhodus. *Dental Management of the Medically Com- promised Patient*. 8th ed. St. Louis, MO: Elsevier/Mosby, 2013.
4. Malamed, Stanley F. *Medical Emergencies in the Dental Office*. 7th ed. St. Louis, MO: Elsevier/Mosby, 2015.
5. Gaylord, Linda J. *The Administrative Dental Assistant*. 3rd ed. St. Louis, MO: Elsevier/Saunders, 2012 and 2017.
6. American Dental Assistants Association (ADAA). [www.dentalassistant.org](http://www.dentalassistant.org)
  - General Chairside Assisting: A Review for a National Chairside Exam (Course #613).
7. The DALE Foundation. [www.dalefoundation.org](http://www.dalefoundation.org).
  - "DANB GC Review Part I"
  - "DANB GC Review Part II"
  - "DANB GC Practice Test"

### NYR Exam

1. Johnson, Orlen N., and Evelyn M. Thomson. *Essentials of Dental Radiography for Dental Assistants and Hygienists*. 9th ed. Upper Saddle River, NJ: Pearson Education, 2012.
2. Ianucci, Joan M., and Laura J. Howerton. *Dental Radiography Principles and Techniques (with CD-ROM)*. 5th ed. St. Louis, MO: Elsevier/Saunders, 2017.
3. Centers for Disease Control and Prevention (CDC). [www.cdc.gov](http://www.cdc.gov)
  - Guidelines for Infection Control in Dental Health-Care Settings — 2003 (MMWR, Vol. 52, RR 17)
  - Centers for Disease Control and Prevention. 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; 2016
4. U.S. Department of Labor, Occupational Safety and Health Administration (OSHA). [www.osha.gov](http://www.osha.gov).
  - Hazard Communication Standard (Code of Federal Regulations #29, Part 1910)
  - Bloodborne Pathogens Standard (1910.1030)
5. American Dental Assistants Association (ADAA). [www.dentalassistant.org](http://www.dentalassistant.org).
  - An Introduction to Basic Concepts in Dental Radiography (Course #715)
6. The DALE Foundation. [www.dalefoundation.org](http://www.dalefoundation.org).
  - DANB RHS Review
  - Conventional Dental Radiography Review
  - DANB RHS Practice Test
7. Miller, Chris H. *Infection Control and Management of Hazardous Materials for the Dental Team*. 6th ed. St. Louis, MO: Elsevier/Mosby, 2018.

# New York Professional Dental Assisting Exams – Pathway III

## 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](http://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 York Professional Dental Assisting Exams – Pathway III

## 2019 NYPDA, NYI and NYR 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.

NYPDA 3860  
NYI 3861  
NYR 3862

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

What exam(s) are you applying for?

NYPDA exam  ~~NYI exam~~  NYR 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 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 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: Candidate Information (Please type or print with a pen.)

Last Four SSN  Date of Birth  /  /

Name (must match current ID exactly):

Last  First  Middle Name/Initial

Prior Name (if applicable)  Email

Home Address  City  State  Zip

Phone Numbers:

Office  Home  Cell

### Section D: Work Experience Information

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

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

Exam Fees      NYPDA   NYI   NYR      Candidate's Name   
                  \$250   \$265   \$265

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 \$

NYPDA 3860  
NYI 3861  
NYR 3862

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

Fax: 1-312-642-8507

# New York Professional Dental Assisting Exams – Pathway III

Questions? 1-800-367-3262 or [www.danb.org](http://www.danb.org)

Do not submit twice or you will be charged twice

## 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. 8)
- 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](http://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.**