



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

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

- **Oregon Expanded Functions Dental Assistant – Restorative Functions (EFDA-RF) certificate**

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

DANB accepts 2019 applications through Dec. 31, 2019.

# Oregon Expanded Functions Dental Assistant with Restorative Functions

## Requirements for Expanded Functions – Dental Assistant with Restorative Functions in Oregon

Certification in Expanded Functions — Dental Assistant with Restorative Functions (EFDA-RF) is regulated by the Oregon Board of Dentistry (OBD). The Dental Assisting National Board, Inc. (DANB), under contract with the OBD, administers the certification program, a service that includes providing information regarding exams and certifications, distributing application materials, and issuing certificates.

To perform restorative functions in Oregon under the supervision of a licensed dentist, a dental assistant must earn status as an Expanded Functions Dental Assistant with Restorative Functions (EFDA- RF). To qualify, one must:

- A. Hold the Oregon Expanded Functions Dental Assistant (EFDA) certificate **AND**
- B. Complete an OBD-approved curriculum from a Commission on Dental Accreditation (CODA)-accredited program or other course of instruction approved by the OBD (See p. 3) **AND**
- C. Pass the Western Regional Examining Board (WREB) Restorative exam or other equivalent exam approved by the OBD within the 5 years preceding application, **OR**
- D. Pass the WREB Restorative exam or other equivalent OBD-approved exam more than 5 years before application **and**
  - i. Include verification from another state or jurisdiction that the candidate is legally authorized to perform restorative functions **AND**
  - ii. A licensed dentist endorsement that the candidate has completed at least 25 restorative procedures within the immediate past 5 years



**Apply** for Oregon EFDA-RF certificate from DANB after completing all of the above requirements.

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

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

# Oregon Expanded Functions Dental Assistant with Restorative Functions

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## OBD-Approved Restorative Functions Course Providers

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### **Lane Community College**

4000 E 30th Avenue  
Eugene, OR 97405  
(541) 463-5616  
Curriculum Approved: February 2008

### **Oregon Institute of Technology**

3201 Campus Dr.  
Klamath Falls, OR 97601  
(541) 885-1366  
Curriculum Approved: June 2009

### **Pacific University**

222 SE 8th Avenue, Suite 271  
Hillsboro, OR 97123-4218  
(503) 352-7238  
Curriculum Approved April 2008

### **Portland Community College - CLIMB Center for Advancement**

12000 SW 49th Avenue  
Portland, OR 97219  
(503) 977-4235  
Curriculum Approved: June 2009

### **South Puget Sound Community College**

2011 Mottman Road SW  
Olympia, WA 98512  
(360) 596-5295  
Curriculum Approved: February 2013

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## Application Statements

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

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



# Oregon Expanded Functions Dental Assistant with Restorative Functions

## 2019 Out-of-State Credential Verification Form

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

Must be filled out completely by the state dental board.

### Section A: Candidate Information

Name

Credential Number  Date Issued

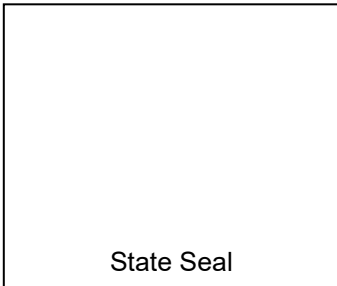
Address

City  State  Zip

### Section B: Credential Information

I hereby attest that the above named candidate was granted license/certificate number  to perform the restorative functions in the State of .

Secretary Signature  Date



# Oregon Expanded Functions Dental Assistant with Restorative Functions

## 2019 Out-of-State Work Experience Form

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

Must be filled out completely by dentist licensed in a state other than of Oregon.

### Section A: Dentist's Information

Licensed Dentist's Name

License Number  State Issued

Dental Practice Address

City  State  Zip  Office Phone

### Section B: Work Experience

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

Candidate Name

I hereby attest that the above-named candidate has successfully completed at least  restorative procedures within the immediate five years, and all functions were performed on a live patient. Any functions performed on typodonts will not be accepted.

Dates candidate was employed: From  /  To  /   
Month Year Month Year

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

By signing this form, I further attest that I have personally trained or can verify that the candidate has been trained in restorative procedures that are legally allowable in the state the candidate accrued dental assisting work experience.

Dentist's Signature  Date

# Oregon Expanded Functions Dental Assistant with Restorative Functions

## Application Checklist

### Have you:

- Read the instructions and information in this application packet?
- Read and agreed to be bound by Oregon and DANB rules, regulations, policies and procedures as noted in this application packet? (See *Application Statements*, p.3)
- Filled out the certificate application in its entirety?
- Signed and dated the certificate application?
- Enclosed the certificate fee or provided credit card information?
- Enclosed the proof of OBD-approved program completion?
- Enclosed proof of successful completion of WREB Restorative exam?
- 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 certificate applications will be denied and the \$50 nonrefundable certificate fee will be retained by DANB.**