



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

This application packet includes applications for the:

- **Oregon Expanded Functions Orthodontic Dental Assistant (EFODA) certificate – Pathway I**

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/About-DANB/Forms-Used-on-This-Site.aspx.

DANB accepts 2020 applications through Dec. 31, 2020.

Oregon Expanded Functions – Orthodontic Assisting Pathway I

Eligibility Pathways for Expanded Functions Orthodontic Dental Assistants in Oregon

EFODA certification 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.

An Oregon EFODA certificate allows a dental assistant to perform the following duties while under the indirect supervision of a licensed dentist: remove orthodontic bands and brackets and attachments with removal of the bonding material and cement using an ultrasonic scaler, hand scaler, or slow-speed handpiece; select or try orthodontic bands for fit; recement loose orthodontic bands; place and remove orthodontic separators; prepare teeth for bonding or placement of orthodontic appliances and select, pre-position and cure orthodontic brackets, attachments and/or retainers after their position has been approved by the supervising licensed dentist; fit and adjust headgear; remove fixed orthodontic appliances; remove and replace orthodontic wires; place and ligate arch wires; place elastic ligatures or chains as directed; cut arch wires; and take impressions for study models or temporary oral devices such as, but not limited to, space maintainers, orthodontic retainers and occlusal guards. Under general supervision of a licensed dentist, an Oregon EFODA certificate holder may perform the following duties: remove any portion of an orthodontic appliance causing a patient discomfort and in the process replace ligatures and/ or separators if the dentist is not available, providing that the patient is rescheduled for follow-up care by a licensed dentist as soon as is reasonably appropriate; recement orthodontic bands if the dentist is not available and the patient is in discomfort, providing that the patient is rescheduled for follow-up care by a licensed dentist as soon as is reasonably appropriate.

To perform expanded orthodontic functions in Oregon, a dental assistant must earn status as an Expanded Function Orthodontic Dental Assistant (EFODA). To qualify, one must:

Pathway I

Successfully complete a Commission on Dental Accreditation (CODA)-accredited dental assisting program

Pathway II

1. Pass the DANB Certified Dental Assistant™ (CDA®) or Certified Orthodontic Assistant (COA®) exam
AND
2. Pass the Oregon Expanded Functions — Orthodontic Assisting exam (ORXO)
AND
3. Provide endorsement from a dentist licensed in Oregon stating that the applicant has completed clinical requirements

Pathway IIIA

1. Pass the Oregon Basic Dental Assisting exam (ORB)
AND
2. Pass the Oregon Expanded Functions — Orthodontic Assisting exam (ORXO)
AND
3. Provide endorsement from a dentist licensed in Oregon stating that the applicant has completed clinical requirements

Pathway IIIB

4. Pass the DANB Infection Control exam (ICE)
AND
5. Pass the Oregon Expanded Functions — Orthodontic Assisting exam (ORXO)
AND
6. Provide endorsement from a dentist licensed in Oregon stating that the applicant has completed clinical requirements

Pathways continue on next page

Oregon Expanded Functions Orthodontic Dental Assistant Pathway I

Pathway IV

- A. Be certified in another state that has training and certification requirements substantially similar to Oregon's requirements

OR

- B. Obtain verification of competence from a licensed dentist of having been employed for at least 1,000 hours (outside the state of Oregon) in the past two years as a dental assistant performing expanded orthodontic functions

Apply for Oregon EFODA 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.

© 2020 Dental Assisting National Board, Inc. The DANB logo is a registered trademark of the Dental Assisting National Board, Inc. (DANB). NELDA®, CDA®, COA®, CRFDA®, CPFDA®, CDPMA®, COMSA®, DANB®, and Dental Assisting National Board® are registered certification marks of DANB. RHS®, ICE®, and Measuring Dental Assisting Excellence® are registered service marks of DANB. CERTIFIED DENTAL ASSISTANT™ is a certification mark of DANB. Mark of Dental Assisting Excellence™ is a service mark of DANB. Use of these marks is strictly prohibited, except as provided in the *Usage Guidelines for DANB Trademarks*, without the express written permission of DANB.

Oregon Expanded Functions Orthodontic Dental Assistant Pathway I

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.
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.

Oregon Expanded Functions Orthodontic Dental Assistant Pathway I

2020 Oregon EFODA Certificate Application – Pathway I

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

1. Enclose proof of CODA-accredited dental assisting program completion.
2. Candidate must sign, date and submit all required documentation and nonrefundable certificate fee to DANB. **Incomplete applications will be denied.**
3. Mail or fax completed application and supporting documentation to DANB. Full payment is required at the time of application

OR-EFODA Certificate
3884c30

Section A: Signature and Date (Please sign and date 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 and OBD 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 certificate fee is not refundable under any circumstances. I hereby apply in accordance with the rules and regulations governing the certificate. I hereby agree that prior or subsequent to issuance, the OBD or DANB may investigate my eligibility and may refuse to issue the certificate 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 certificate 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 (required)

Home Address City State Zip

Phone Numbers:

Office Home Cell

Section C: CODA- Accredited Dental Assisting Program

CODA-Accredited Dental Assisting Program Code (see www.danb.org)

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

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 **\$50.00** (nonrefundable)

OR-EFODA Certificate
3884c30

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.)

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.

Oregon Expanded Functions Orthodontic Dental Assistant Pathway I

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 CODA-accredited dental assisting program completion?
- 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 documentation
- 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.