This exam application packet includes an application for the:
• Washington State Restorative (WARE) Exam

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

To become an Expanded Function Dental Auxiliary (EFDA) in Washington, a dental assistant must:

1a. Graduate from a Commission on Dental Accreditation (CODA)-accredited dental assisting program; OR
1b. Be DANB Certified Dental Assistant (CDA) certified (after meeting DANB CDA or General Chairside Assisting exam pathway II eligibility requirements, and completing an additional dental assisting review course); AND
2. Complete an EFDA course approved by the Dental Quality Assurance Commission (DQAC); AND
3. Pass the WARE exam administered by DANB; AND
4. Pass the clinical exam administered by the Western Regional Examining Board or the Central Regional Testing Service, Inc’s restorative exam; AND
5. Provide evidence of completion of seven clock hours of AIDS education and training as required by Chapter 246-12 WAC, Part 8; AND
6. Provide any other information determined by DQAC
7. Apply to DQAC for an EFDA license

EFDAs must hold current and valid health care provider basic life support (BLS) certification.

The first two requirements (1a or 1b and 2) must be completed before applying to take the WARE exam.

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

All inquiries regarding licensure, eligibility requirements and requests for licensure applications should be addressed to: Dental Quality Assurance Commission, P.O. Box 1099, Olympia, WA 98507-1099; 360-236-4700

The DQAC issues the state license when expanded functions requirements are met.

This application packet provides information on the exam and exam requirements for dental assistants applying to be Washington Expanded Function Dental Auxiliaries. Within guidelines established by state law, the Dental Quality Assurance Commission (DQAC) in Washington determines exam policy and standards.

Direct all questions regarding the WARE exam to DANB at 800-367-3262 or danbmail@danb.org.
Exam Eligibility Requirements

To be eligible for the WARE exam, an individual must meet the following requirements:

1. Pay the correct fee.
2. Submit a completed application.
3. Graduate from a Commission on Dental Accreditation (CODA)-accredited dental assisting program or be a DANB CDA certificant.
   a. Enclose a photocopy of the candidate’s certificate of completion/diploma or official transcript (document must show proof of program completion) OR enter the candidate’s current DANB CDA certification number on the application
4. Successfully complete a DQAC-approved training program for qualifying expanded function dental auxiliary. Acceptable programs are listed to the right.
   a. Enclose a photocopy of a certificate of completion or transcript from a DQAC-approved EFDA course, indicating course completion

<table>
<thead>
<tr>
<th>Program Code</th>
<th>Program Name</th>
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</thead>
<tbody>
<tr>
<td>6700</td>
<td>Spokane Community College (December 2008-present)</td>
</tr>
<tr>
<td>6701</td>
<td>South Puget Sound Community College (March 2009-present)</td>
</tr>
<tr>
<td>6702</td>
<td>Seattle Central Community College (July 2009-December 2015)</td>
</tr>
<tr>
<td>6703</td>
<td>Institute for Dental Education and Leadership Success (March 2010-December 2012)</td>
</tr>
<tr>
<td>6704</td>
<td>Bellingham Technical College (September 2010-present)</td>
</tr>
<tr>
<td>6705</td>
<td>Naval School of Health Sciences-Expanded Functions Program (1997-2007)</td>
</tr>
<tr>
<td>6706</td>
<td>Naval School of Health Sciences-Advanced Dental Assistant Program (2007-present)</td>
</tr>
</tbody>
</table>

List last updated on November 15, 2019
Washington State Restorative Exam

Testing with DANB

Timeline

Once you submit your application, the timeline for processing is:

<table>
<thead>
<tr>
<th>Duration</th>
<th>Event Description</th>
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<tbody>
<tr>
<td>2-4 weeks</td>
<td>Once your payment is processed, DANB will review your application and documentation. If any additional information is needed, DANB will contact you by email.</td>
</tr>
<tr>
<td>1-2 business days</td>
<td>Upon approval of your application, you will receive an email with a link to schedule and take your exam within 60 days. The information will be posted to your online account at danb.org.</td>
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<tr>
<td>Exam day</td>
<td>You will receive preliminary results at the testing center after completing your exam.</td>
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<tr>
<td>2-3 weeks from exam date</td>
<td>You will receive official exam results and any earned certificates by mail.</td>
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</table>

Cancellation and Refund Policy
You may request a partial refund if you cancel an exam appointment at least 24 hours prior to your scheduled exam time. You must then request to cancel the testing window before the end of your 60-day testing window to receive a partial refund. DANB retains the $75 application fee and $40 cancellation fee ($115 total). Visit danb.org/About-DANB/Forms-Used-on-This-Site.aspx for the Cancel a Testing Window form.

Incomplete Applications
Incomplete applications will not be processed. DANB will return the payment, minus a $75 application fee and any nonrefundable certificate fees, to the candidate.

Your Exam Appointment
Once your application is approved, you will receive a notification from DANB by email. You will have 60 days to schedule and take your exam.

To schedule or reschedule an exam
- Log into your account at www.danb.org
- Appointments may be rescheduled up to 24 hours in advance of the scheduled appointment

To request an extension of your testing window
- Complete the Request a New Testing Window form
- Submit this form, along with the fee, within 60 days of the end of your current testing window

If you missed your exam appointment due to an emergency recognized by DANB
- Complete the Request a New Testing Window Due to an Emergency form
- Submit this form, along with required documentation, within 60 days of your missed appointment

If you missed an exam appointment for any other reason
- Complete the Request a New Testing Window Due to a Missed Exam Appointment form to reapply for the exam at a reduced rate
- Submit this form, along with the fee, within 60 days of the missed appointment

Failure to submit complete forms within the timeframe stated means that you must pay full exam fees. Forms are available at danb.org/About-DANB/Forms-Used-on-This-Site.aspx.

Reasonable Accommodations
If you require accommodations to test, download the Reasonable Accommodations form at 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.

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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:
- 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
<table>
<thead>
<tr>
<th>Domain</th>
<th>% of Items</th>
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<tbody>
<tr>
<td>I. RESTORATIVE FOUNDATION TOPICS</td>
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<td>b. Matrices, retainers and wedges</td>
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<td>c. Tissue management</td>
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<td>d. Cavity classifications (I through VI)</td>
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<td>e. Cavity preparation terminology</td>
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<tr>
<td>f. Bonding, bases and liners</td>
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<td>II. AMALGAM RESTORATIONS</td>
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<td>a. Physical properties of amalgam</td>
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<td>i. Safety protocol</td>
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<td>ii. SDS protocol</td>
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<td>b. Patient management</td>
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<td>c. Moisture control and contamination</td>
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<td>prevention</td>
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<td>d. Place, condense and carve amalgam</td>
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<td>restoration</td>
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<tr>
<td>i. Advantages/disadvantages</td>
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<td>ii. Indications/contraindications</td>
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<tr>
<td>e. Check and adjust occlusal relations</td>
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<tr>
<td>f. Evaluate restoration</td>
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<tr>
<td>g. Post-operative instructions</td>
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<tr>
<td>III. COMPOSITE RESTORATIONS</td>
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<td>a. Rationale for placing composite</td>
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<td>restorations</td>
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<td>b. Classifications of composite resin</td>
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<tr>
<td>materials</td>
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<tr>
<td>i. Uses</td>
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<td>ii. Advantages/disadvantages</td>
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<td>iii. Indications/contraindications</td>
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<td>c. Glass ionomers and comomers</td>
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<tr>
<td>i. Placing</td>
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<td>ii. Finishing</td>
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<td>d. Physical properties of composites/glass</td>
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<td>ionomers/composers</td>
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<td>i. Shrinkage</td>
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<td>ii. Thermal expansion</td>
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<td>iii. Wear resistance</td>
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<td>iv. Composition</td>
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<td>e. Shade selection</td>
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<td>f. Moisture control and contamination</td>
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<td>prevention</td>
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<td>g. Steps for placing and finishing composite</td>
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<td>restoration</td>
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<td>h. Occlusal relations</td>
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<td>i. Check</td>
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<td>ii. Adjust</td>
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<td>i. Evaluate restoration</td>
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<td>j. Post-operative instructions</td>
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<td>IV. FINAL IMPRESSIONS</td>
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<td>a. Common anomalies to examine before</td>
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<td>taking an impression</td>
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<td>b. Oral fixed and removable prosthesis</td>
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<td>c. Impression material</td>
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<tr>
<td>i. Preliminary</td>
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<td>ii. Polyether</td>
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<td>iii. Polysulfide</td>
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<td>iv. Polyvinyl siloxane</td>
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<td>v. Reversible hydrocolloid</td>
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<td>V. CORONAL POLISH</td>
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<td>a. Rationale for performing coronal polish</td>
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<td>b. Contraindications</td>
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<td>c. Modifications</td>
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<td>d. Dental deposits</td>
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<td>i. Soft deposits</td>
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<td>ii. Calculus</td>
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<td>iii. Stains</td>
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<td>e. Abrasives and polishing agents</td>
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<tr>
<td>i. Abrasives</td>
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<td>ii. Types of abrasives</td>
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<td>f. Equipment and supplies</td>
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<td>i. Use of dental handpiece for coronal</td>
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<td>polishes</td>
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<td>ii. Use of the rubber prophy cup</td>
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<td>iii. Systematic procedure</td>
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<td>iv. Prophy brush</td>
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<td>v. Dental tape and dental floss</td>
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<td>g. Auxiliary polishing aids</td>
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<tr>
<td>i. Bridge threaders</td>
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<td>ii. Abrasive polishing strips</td>
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<td>iii. Softwood points</td>
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<td>iv. Interproximal brushes</td>
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<td>VI. FLUORIDE</td>
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<td>a. Fluoridation</td>
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<td>b. Effects of fluoride</td>
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<td>c. Fluoride in dental plaque</td>
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<td>d. Fluoride toxicity</td>
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<tr>
<td>e. Forms of fluoride</td>
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<tr>
<td>f. Fluoride rinses</td>
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<tr>
<td>VII. ENAMEL SEALANTS</td>
<td>7</td>
</tr>
<tr>
<td>a. Indications and contraindications</td>
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<td>b. Materials</td>
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<tr>
<td>c. Placement</td>
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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 of my exam results to the Dental Quality Assurance Commission (DOAC), in accordance with and subject to the procedures and regulations of DANB and the DOAC. 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 of any results granted me by the DOAC 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.
Washington State Restorative Exam

2020 WARE Exam 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: 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 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 DOAC or DANB may investigate my eligibility and may refuse to issue the exam results and such refusal may not and shall not be questioned by me in any court of law or equity or other tribunal, nor shall I have any claim in the event of such refusal to a return of the fee accompanying the application.

Signature ___________________________ Date ________

Section B: Candidate Information (Please type or print with a pen.)

Last Four SSN _______ _______ _______ _______ Date of Birth _______ _______ _______ _______

Name (must match current ID exactly):
Last _______ First _______ Middle Name/Initial _______

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

Home Address _______ City _______ State _______ Zip _______

Phone Numbers:
Office _______ Home _______ Cell _______

Section C: Eligibility Information

1. DOAC-Approved Training Program ID (see p. 3) _______

2. CODA-Accredited Dental Assisting/Hygiene Program ID (see www.danb.org) _______

OR current DANB CDA Certification Number _______

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 $325.00

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
Questions? 800-367-3262 or danbmail@danb.org
Fax: 312-642-8507

413.8 Washington State Restorative Exam (01/20)
Application Checklist

Have you:

☐ Read the instructions and information in this application packet?
☐ Read and agreed to be bound by DQAC 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 at www.danb.org.
☐ Made a copy of your entire application packet for your records?
☐ Addressed your envelope OR prepared your information to be faxed?

Mail to:
Dental Assisting National Board, Inc. (DANB)
444 N. Michigan Ave., Suite 900
Chicago, IL 60611

Fax credit card payments only to:
DANB
1-312-642-8507

If you have not:
• completed the application in full,
• enclosed, signed and dated your application, and
• provided payment (check, money order, cashier’s check) or payment information (credit card)

your application will be considered incomplete and will not be processed.

Incomplete applications will be denied and a refund, minus the $75 nonrefundable application fee, will be issued.