



Dental Assisting National Board, Inc.

Measuring Dental Assisting Excellence®

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

- **Washington State Restorative (WARE)**

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.

DANB accepts 2019 applications through Dec. 31, 2019.

Washington State Restorative Exam

Washington Expanded Function Dental Auxiliary Requirements

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/GC 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

EDFAs 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; 1-360-236-4700

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 Functions 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 1-800-367-3262.

Washington State Restorative Exam

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 dental assistants. 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

DQAC-Approved Programs in Expanded Functions

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

Washington State Restorative Exam

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 www.danb.org 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 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, 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. 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 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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Washington State Restorative Exam

About DANB Exams

How to Prepare to Take an Exam

Step 1: Review the exam outline

The outlines identify every topic found on a particular exam. Review each topic and identify the areas in which you need further study.

Step 2: Choose your study materials

Obtain study materials. Options include:

- 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

Washington State Restorative Exam

WARE Exam Outline

125 multiple-choice items

1 ½ hours testing time

Domain	% of Items
I. RESTORATIVE FOUNDATION TOPICS	7
a. Armamentarium	
b. Matrices, retainers and wedges	
c. Tissue management	
d. Cavity classifications (I through VI)	
e. Cavity preparation terminology	
f. Bonding, bases and liners	
II. AMALGAM RESTORATIONS 18	
a. Physical properties of amalgam	
i. Safety protocol	
ii. SDS protocol	
b. Patient management	
c. Moisture control and contamination prevention of the cavity preparation	
d. Place, condense and carve amalgam restoration	
i. Advantages/disadvantages	
ii. Indications/contraindications	
e. Check and adjust occlusal relations	
f. Evaluate restoration	
g. Post-operative instructions	
III. COMPOSITE RESTORATIONS 30	30
a. Rationale for placing composite restorations	
b. Classifications of composite resin materials	
i. Uses	
ii. Advantages/disadvantages	
iii. Indications/contraindications	
c. Glass ionomers and compomers	
i. Placing	
ii. Finishing	
d. Physical properties of composites/glass ionomers/compomers	
i. Shrinkage	
ii. Thermal expansion	
iii. Wear resistance	
iv. Composition	
e. Shade selection	
f. Moisture control and contamination prevention	
g. Steps for placing and finishing composite restoration	
h. Occlusal relations	
i. Check	
ii. Adjust	
i. Evaluate restoration	
j. Post-operative instructions	
IV. FINAL IMPRESSIONS 24	24
a. Common anomalies to examine before taking an impression	
b. Oral fixed and removable prosthesis	
c. Impression material	
i. Preliminary	
ii. Polyether	
iii. Polysulfide	
iv. Polyvinyl siloxane	
v. Reversible hydrocolloid	

Domain	% of Items
d. Management of material when using more than one material simultaneously	
e. Altering setting time	
f. Selecting appropriate tray	
g. Moisture control and isolation	
h. Gingival deflection and retraction including homeostasis	
i. Patient management	
i. Instructing patient during impression procedure	
ii. Gag reflex control	
iii. Saliva control	
j. Insertion and removal of impression tray	
i. Patient position	
ii. Operator position	
k. Evaluation of the final impression	
l. Management of final impression	
m. Laboratory prescription	
n. Computer assisted design and manufacture application	
o. Bite registration	
V. CORONAL POLISH 7	7
a. Rationale for performing coronal polish	
b. Contraindications	
c. Modifications	
d. Dental deposits	
i. Soft deposits	
ii. Calculus	
iii. Stains	
e. Abrasives and polishing agents	
i. Abrasives	
ii. Types of abrasives	
f. Equipment and supplies	
i. Use of dental handpiece for coronal polish	
ii. Use of the rubber prophylaxis cup	
iii. Systematic procedure	
iv. Prophylaxis brush	
v. Dental tape and dental floss	
g. Auxiliary polishing aids	
i. Bridge threaders	
ii. Abrasive polishing strips	
iii. Softwood points	
iv. Interproximal brushes	
VI. FLUORIDE 7	7
a. Fluoridation	
b. Effects of fluoride	
c. Fluoride in dental plaque	
d. Fluoride toxicity	
e. Forms of fluoride	
f. Fluoride rinses	
VII. ENAMEL SEALANTS 7	7
a. Indications and contraindications	
b. Materials	
c. Placement	

Washington State Restorative Exam

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 (DQAC), in accordance with and subject to the procedures and regulations of DANB and the DQAC. 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 DQAC 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

2019 WARE 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.

WARE 3936

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 DQAC 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

Home Address City State Zip

Phone Numbers:

Office Home Cell

Section C: Eligibility Information

1. DQAC-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.)

Candidate's Name

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 **\$300.00**

WARE
3936

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
Questions? 1-800-367-3262 or www.danb.org

Fax: 1-312-642-8507
Do not submit twice or you will be charged twice.

Washington State Restorative Exam

Application Checklist

Have you:

- Read the instructions and information in this application packet?
- Read and agreed to be bound by Maryland 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.