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# 2022 CDIPC Exam Information Packet

This packet contains the eligibility requirements and important policy information for the Certified in Dental Infection Prevention and Control™ (CDIPC®) certification exam.

To apply for the CDIPC exam, visit [www.danb.org](http://www.danb.org).

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DANB is a member of the Institute for Credentialing Excellence. The National Commission for Certifying Agencies (NCCA), an Institute for Credentialing Excellence commission with responsibility for accrediting certification programs, has evaluated DANB national certification programs (CDA and COA), including DANB component exams (RHS, ICE, GC and OA), and finds that DANB programs meet NCCA's highest standards, thus helping to assure validity, reliability and objectivity in the testing process.

## DANB

The Dental Assisting National Board (DANB) is recognized by the American Dental Association (ADA) as the national certification board for dental assistants. DANB's mission is to promote the public good by providing credentialing services to the dental community.

## OSAP

The Organization for Safety, Asepsis and Prevention (OSAP) is the only nonprofit membership association for oral healthcare professionals that focuses exclusively on infection prevention and patient and provider safety. OSAP's mission is to be the leading provider of infection prevention and control education, training, and credentialing that supports safe dental visits.

## The DALE Foundation

The Dental Advancement through Learning and Education Foundation (the DALE Foundation) is the official DANB affiliate. The DALE Foundation's mission is to benefit the public by providing quality education and conducting sound research to promote oral health. The DALE Foundation is a nonprofit organization and was founded by DANB in 2010.

## OSAP-DANB-DALE Foundation Collaboration

OSAP, DANB and the DALE Foundation have come together to develop a comprehensive dental infection prevention and control education and certification initiative. To learn more, visit [dentalinfectioncontrol.org](http://dentalinfectioncontrol.org).

## CDIPC Certification

The Certified in Dental Infection Prevention and Control™ (CDIPC®) is a professional certification that is intended for all dental team members who perform infection prevention and control in a dental setting; supervise or educate those who perform infection prevention and control; and those healthcare professionals\* who inspect or investigate dental settings for compliance with federal infection prevention and control guidelines and standards on behalf of government, regulatory, accrediting, or public health authorities. See the exam eligibility pathways section for more detail.

*\*Healthcare professionals (e.g., D.D.S.; D.M.D; RDH; certified, registered and/or licensed dental assistant; or licensed, registered or certified healthcare professional)*

## Congratulations on taking the first step toward earning DANB certification!

Earning DANB certification is one of the most important steps you can take in your career. DANB offers national certification exams, exams leading to certificates of knowledge-based competence and state-specific dental assisting exams. When you earn and maintain DANB certification, you join a group of more than 37,000 — and growing — certified assistants nationwide.

## Candidate Handbook

When applying for an exam, you are responsible for understanding and complying with policies and procedures in the Candidate Handbook, available at [www.danb.org/About-DANB/Forms-Used-on-This-Site.aspx](http://www.danb.org/About-DANB/Forms-Used-on-This-Site.aspx).

## Fair Testing Policy

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 recission 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).

## Contact DANB

Questions? Contact DANB by phone at 1-800-367-3262, by email at [danbmail@danb.org](mailto:danbmail@danb.org) or on the web at [www.danb.org](http://www.danb.org).

## CDIPC® Certification Exam Pathways

To earn the CDIPC certification, you must pass the CDIPC exam.

You must meet the requirements of one of the two eligibility pathways outlined below to qualify to take the CDIPC exam.

### Pathway I

You must meet one of the Education options listed below, **AND** one of the Experience options listed on page 6.

#### EDUCATION

Meet one of the following educational options:

##### OPTION 1

DANB's Infection Control exam (ICE) certificate earned within the past 5 years

**Documentation:** None; verification records maintained by DANB

##### OPTION 2

Current DANB Certified Dental Assistant (CDA), Certified Orthodontic Assistant (COA) or National Entry Level Dental Assistant (NELDA) certification

**Documentation:** None; eligibility documentation maintained by DANB

##### OPTION 3

Current Dental Industry Specialist in Infection Prevention and Control (DISIPC) certification

**Documentation:** None; eligibility documentation maintained by DANB

##### OPTION 4

Complete the education requirements in **steps 1 and 2:**

1. Hold the OSAP-DALE Foundation Dental Infection Prevention and Control Certificate

**Documentation:** None; verification records maintained by the DALE Foundation

**AND**

2. Complete **ONE** of education options a-f below:

- a. DALE Foundation's DANB ICE Review course

**Documentation:** None; records maintained by the DALE Foundation

- b. From Policy to Practice: OSAP's Guide to the CDC Guidelines

**Documentation:** Copy of certificate of completion

- c. OSAP's OSHA & CDC Guidelines: OSAP Interact Training System

**Documentation:** Copy of certificate of completion

- d. OSAP Dental Infection Control Boot Camp

**Documentation:** Copy of certificate of completion

- e. Graduate from a Commission on Dental Accreditation (CODA)-accredited dental assisting or dental laboratory technology program

**Documentation:** Copy of certificate or diploma, or original/official transcript sent to DANB directly by the school

- f. Hold a life sciences, applied life sciences or related professional healthcare degree (i.e., associate, bachelor's, master's or doctorate). See p. 8 for list of accepted degrees.

**Documentation:** Copy of diploma or original/official transcript sent to DANB directly by the school

## EXPERIENCE

Complete at least 1,040 hours of work experience applying U.S. federal infection prevention and control guidelines and standards\* in dental settings within the previous 3 years through one of the following options that best describes your role. **See Work Experience forms starting on page 14.**

### OPTION 1

Performing infection prevention and control protocols based on these guidelines and standards in a dental setting (e.g., dental assistant, dental hygienist)

**Documentation:** Work Experience Form

### OPTION 2

Supervising individuals who implement these guidelines and standards in a dental setting

**Documentation:** Work Experience Form

### OPTION 3

Providing education or consulting services on these guidelines and standards in a dental setting (e.g., faculty teaching dental infection prevention and control, company educators, consultants)

**Documentation:** Work Experience Form

### OPTION 4

Healthcare professionals\* who investigate or inspect dental settings for compliance with federal infection prevention and control guidelines and standards on behalf of government, regulatory, accrediting or public health authorities

*\*Healthcare professionals (e.g., D.D.S; D.M.D.; RDH; certified, registered, and/or licensed dental assistant; licensed, registered or certified healthcare professional)*

**Documentation:** Work Experience Form

*\*CDC Guidelines for Infection Control in Dental Healthcare Settings (2003); CDC Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care (2016); OSHA Hazard Communication Standard; and OSHA Bloodborne Pathogens Standard (1910.1030).*

## Pathway II

Hold one or more of the following certifications.

You must meet one of the Certification options **AND** one of the Education options listed below.

### CERTIFICATION

#### OPTION 1

Current International Association of Healthcare Central Service Materiel Management (IAHCSMM) Certified Registered Central Services Technician (CRCST) certification

**Documentation:** Copy of certificate or credential verification letter from IAHCSMM

#### OPTION 2

Current Association for Certifying Board in Infection Control (CBIC) Certified in Infection Control (CIC) certification

**Documentation:** Copy of certificate or credential verification letter from CBIC

#### OPTION 3

Current Certification Board for Sterile Processing and Distribution (CBSPD) Certified Sterile Processing and Distribution Technician (CSPDT) certification

**Documentation:** Copy of certificate or credential verification letter from CBSPD

### EDUCATION

Complete the education requirements in **steps 1 and 2** below.

1. Hold the OSAP-DALE Foundation Dental Infection Prevention and Control Certificate

**Documentation:** None; verification records maintained by the DALE Foundation

#### AND

2. Complete **ONE** of education options a-f below:

- a. DALE Foundation's DANB ICE Review course

**Documentation:** None; records maintained by the DALE Foundation

- b. From Policy to Practice: OSAP's Guide to the CDC Guidelines

**Documentation:** Copy of certificate of completion

- c. OSAP's OSHA & CDC Guidelines: OSAP Interact Training System

**Documentation:** Copy of certificate of completion

- d. OSAP Dental Infection Control Boot Camp

**Documentation:** Copy of certificate of completion

- e. Graduate from a Commission on Dental Accreditation (CODA)-accredited dental assisting or dental laboratory technology program

**Documentation:** Copy of certificate or diploma, or original/official transcript sent to DANB directly by the school

- f. Hold a life sciences, applied life sciences or related professional healthcare degree (i.e., associate, bachelor's, master's or doctorate). See p. 8 for list of accepted degrees.

**Documentation:** Copy of diploma or original/official transcript sent to DANB directly by the school

## Accepted Degrees for CDIPC Eligibility Pathways

The following majors are accepted for the life sciences, applied life sciences, or related professional healthcare degrees (i.e., associate, bachelor's, master's or doctorate). The degree must be from an educational institution accredited by an agency recognized by the U.S. Department of Education (or similar federal agency in another country). If you don't find your healthcare, life sciences or applied life sciences degree on this list, please contact DANB at [danbmail@danb.org](mailto:danbmail@danb.org).

### ORAL HEALTHCARE DEGREES

- Dental
- Dental hygiene
- Dental assisting\*
- Community Dental Health Coordinator
- Dental therapist (and other state- or federal agency- specific mid-level provider titles)

*\* Must be an associate degree or higher*

### OTHER PROFESSIONAL HEALTHCARE DEGREES

- Medicine
- Nursing
- Physical therapy
- Physician assistant

### LIFE SCIENCES OR APPLIED LIFE SCIENCES DEGREES

- Anatomy
- Biochemistry
- Biological anthropology
- Biology
- Botany
- Cell biology
- Developmental biology
- Ecology
- Environmental health
- Epidemiology
- Food science
- Genetics
- Genomics
- Histology
- Immunotherapy
- Immunology
- Microbiology
- Molecular biology
- Neuroscience
- Pharmacology
- Physiology
- Population biology
- Toxicology
- Zoology



## Timeline

Overview of exam timeline once DANB receives your application and payment.

<b>Application processing</b> within 4 weeks	Apply online at <a href="http://www.danb.org">www.danb.org</a> . DANB reviews your application and documentation within four weeks.
<b>Testing window</b> 60 days	Upon application approval, you will be emailed a link to schedule an exam appointment. This link is also available in your DANB account. You have a 60-day testing window in which to schedule and take the exam.
<b>Preliminary exam results</b> available on exam day	You will receive preliminary results after completing your exam.
<b>Official exam results</b> 4 weeks from exam date	Exam results and any earned certificates will be available online in your DANB account.

## DANB ID Policy

When taking an exam, the candidate must present one form of identification (ID) at their exam appointment.

The candidate's ID must be:

- Currently valid, non-expired
- Photo-bearing
- In roman (not italic) characters
- Government-issued
- Signature-bearing
- The exact name as listed in their online DANB account

**The printed name on the ID must match the name as it appears in DANB's database.** Differences due to marital status changes without supplemental documentation are not allowed. The middle name is not required and does not need to be spelled out, but, if used, the first letter of the middle name must match the spelled-out name.

If the name in the candidate's online DANB account and ID do not match, the candidate must submit the *Name Change Request* form, available online in their DANB account or at [www.danb.org/About-DANB/Forms-Used-on-This-Site.aspx](http://www.danb.org/About-DANB/Forms-Used-on-This-Site.aspx), with acceptable documentation at least two full business days prior to the exam appointment.

Acceptable forms of identification include:

- U.S. driver's license
- Valid passport
- Military ID card
- U.S. ID card/State ID
- A U.S. government-issued permanent resident card (commonly known as the green card, formerly known as the alien registration card)
- Any other U.S. government-issued ID card bearing the candidate's photograph and signature
- Student ID, if a minor

Minors who are under the age of 18 are permitted to present a valid student ID as a form of identification, for either in-person testing or online proctored exams. In addition, for exams administered through online proctoring, the candidate's guardian must also present a valid ID and provide verbal consent during the check-in process.

The candidate will not be allowed to take the exam if the name on the ID does not match the registered name exactly, and the candidate would need to reapply. See the Missed Exam Appointment section for details.

## Nondiscrimination Policy

DANB does not discriminate in application, exam or certification activities on the basis of age, sex, gender identity, marital status, race, color, religion, national origin, sexual orientation or disability.

## Reasonable Accommodations for Candidates with Documented Disabilities

If you require accommodations to test:

1. Access your online DANB account and submit the request for accommodations and documentation with your exam application. Please download the Reasonable Accommodations form located here for information on required documentation: [www.danb.org/Home/About-DANB/Forms-Used-on-This-Site.aspx](http://www.danb.org/Home/About-DANB/Forms-Used-on-This-Site.aspx).
2. If accommodations are approved, you will receive an email with a link to schedule your exam appointment within your 60-day testing window (also available in your online DANB account).

## Schedule an Exam Appointment

Once your application is approved, you will receive a notification from DANB by email that provides a link to schedule your exam at a test center. You will have 60 days from the date your application is approved to schedule and take your exam.

You should schedule the exam appointment as soon as you receive an email from DANB, as appointments may be limited. Instructions are provided by email and within your online DANB account to schedule the exam appointment. Specific in-person test center locations, dates or times cannot be guaranteed; changes to in-person test center locations and/or hours may occur without notice.

## Reschedule an Exam Appointment

To reschedule an exam appointment within the 60-day testing window, log into your account at [www.danb.org](http://www.danb.org). Click the link to your exam under Applications in Process, and follow the prompts to “Schedule” your exam. You will be redirected to your Pearson VUE dashboard. Select your exam and click “Reschedule” appointment on the right-hand side of your Authorization Details page. Once your appointment is rescheduled, you will receive an email confirmation from Pearson VUE. You may reschedule up to 24 hours before the scheduled appointment if you are taking an in-person exam, and up until the time of your appointment if you are taking an online proctored exam. Only the candidate may reschedule an exam appointment.

## Request a New Testing Window

Candidates who do not schedule their exam within the original 60-day testing window may submit a request for a new testing window one time only, up to 60 days after their original window ends.

To request a new testing window, you must complete the following steps:

1. Access your exam application within your online DANB account and click on the name of the exam to be rescheduled,  
**AND**
2. If you have an existing exam appointment, you must cancel the appointment at least 24 hours before the scheduled exam start time if you are taking an in-person exam, and up until the time of your appointment if you are taking an online proctored exam. To cancel the appointment:
  - a. Within your online exam application, follow the prompts to “Schedule” your exam. You will be redirected to the Pearson VUE dashboard.
  - b. Select your exam and click “Cancel” appointment on the right-hand side of your Authorization Details page. Once your appointment is canceled, you will receive an email confirmation from Pearson VUE,**AND**
3. In your exam application on the DANB website, select the menu item on the left-hand side that says “Additional Options.” Select “Request New Testing window,” and follow the prompts to request a new window and submit payment. Submit a request and fee for a new 60-day testing window (the new testing window will start immediately upon successful submission of the request) within 60 days after the end of the original testing window.

Failure to cancel an exam appointment will result in forfeiture of the full exam fee, and the application is null and void. You may request a new testing window only one time. After the first request for a new testing window, a current exam application with any required documentation and full fees must be submitted.

## Cancel a Testing Window for a Partial Refund

If you do not wish to take the DANB exam for which you applied and would like to request a partial refund, you must complete the following steps before the end of your 60-day testing window:

1. Access your online DANB account and click on the name of the exam to be canceled,  
**AND**
2. If you have an existing exam appointment, you must cancel the appointment at least 24 hours before the scheduled exam start time if you are taking an in-person exam, and up until the time of your appointment if you are taking an online proctored exam. To cancel the appointment:
  - a. Within your online exam application, follow the prompts to “Schedule” your exam. You will be redirected to the Pearson VUE dashboard.
  - b. Select your exam and click “Cancel” appointment on the right-hand side of your Authorization Details page. Once your appointment is canceled, you will receive an email confirmation from Pearson VUE,**AND**
3. In your exam application on the DANB website, select the menu item on the left-hand side that says “Additional Options.” Select “Cancel Testing Window and Request Partial Refund,” and follow the prompts to submit your request. Submit a request to cancel the testing window before the end of the 60-day testing window.

If you received a new testing window for an exam for any reason, including an emergency, you will not be eligible for a partial refund.

Once approved, DANB will issue a refund minus the \$75 processing fee and \$40 cancellation fee within 30 days (\$115 total retained by DANB). Visit [www.danb.org/About-DANB/Forms-Used-on-This-Site.aspx](http://www.danb.org/About-DANB/Forms-Used-on-This-Site.aspx) for the Cancel a Testing Window form. All refunds will be issued to the payer.

## Missed Exam Appointment

If you arrive more than 15 minutes after an exam appointment start time, you will be accommodated at the discretion of the test center administrator. If the administrator is unable to accommodate you, or if you do not take a scheduled exam because you missed the appointment (for any reason except a valid emergency) or you were denied entry, you may reapply for the exam at a reduced fee. You may only reapply at a reduced fee if you have not already requested a new testing window (due to an emergency or otherwise).

To request a new testing window due to a missed exam appointment, you must complete the following steps:

1. Access your exam application within your online DANB account and click on the name of the missed exam, **AND**
2. Submit a request and reduced fee for a new 60-day testing window within 60 days of the missed appointment date. The new testing window will start immediately upon successful submission of the request.

You will not be able to request a new testing window until your exam has been scored as Missed. Therefore you may need to wait up to one week after your missed appointment to submit the request online.

If you do not submit the request within 60 days from your missed appointment, you must reapply for the exam with a new application, any required documentation and the full fee.

If another appointment is missed (for any reason except a valid emergency) or the exam is not taken within the new testing window, a current exam application with full fee must be submitted; you may only request a new testing window due to a missed exam appointment one time.

## Missed Exam Appointment Due to Emergency

If you miss your exam appointment due to a documented, DANB-accepted emergency:

1. Access your exam application within your online DANB account and click on the name of the missed exam, AND
2. Submit a request and documentation for a new 60-day testing window (the new testing window will start immediately upon approval of the request) within 60 days of the missed appointment date

Once your request has been reviewed, you will receive an automated email within 3-5 business days. Approved requests will receive a new 60-day testing window at no additional fee.

If the emergency request is denied, you will receive an email with instructions on how to reschedule your testing window at a reduced rate (only available up to 60 days after the missed exam appointment and only available if you did not already request a new testing window at a reduced rate or due to an emergency).

Call 1-800-367-3262 with any questions about what constitutes an emergency and appropriate supporting documentation.

## Application Statements

Please read the following Application Statements carefully. The Application Statements apply to all OSAP-DANB national exam, certificate and certification renewal applications. The 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 and certification by DANB, in accordance with and subject to the procedures and regulations of DANB. 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 application packet and Candidate Handbook for OSAP-DANB exams and certification programs. These materials address eligibility for and the administration of certification exams, the certification process, and related policies, including but not limited to the OSAP-DANB-DALE Foundation Code of Professional Conduct and the DANB Code of Professional Conduct. I agree to disqualification from the exam, to denial of certification, and to forfeiture and return to DANB of any certificate granted me by DANB, 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 OSAP-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 OSAP, DANB, and their respective 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 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 OSAP-DANB certification, 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 OSAP-DANB or 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 OSAP-DANB or 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 OSAP, DANB and the DALE Foundation related to their products and services or news affecting the dental infection prevention and control profession. I understand that OSAP, DANB and the DALE Foundation agree not to provide my email address to any other third party without my consent, and that I can request removal from the OSAP, DANB and DALE Foundation email distribution lists by clicking on the "unsubscribe" link at the bottom of the email I receive from OSAP, DANB or the DALE Foundation. For more details, please see the Privacy Policy section of DANB's Terms and Conditions of Use of DANB.org at [www.danb.org](http://www.danb.org).
5. I authorize DANB to release my exam results and credential status to state regulatory agencies. Individuals cannot opt out of DANB release of exam results or credential status 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 or certificate 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 before, during the administration of, or following the exam.
7. I understand that the content of all OSAP-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 OSAP-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.



**CDIPC Exam—Pathway I**  
**Experience Option 1: Performing infection prevention and control\***  
**2022 Employer Work Experience Statement**

This form will be accepted through December 31, 2022.

*\*Performing infection prevention and control protocols based on these guidelines and standards in a dental setting (e.g., dental assistant; dental hygienist; or licensed, registered or certified healthcare professional)*

Please complete this fillable form OR print with a pen and scan for uploading. The form must be filled out completely or application will be incomplete. **Please note:** If you are not currently employed, you may still apply to test and have a prior employer complete the form.

Name of Exam Candidate: \_\_\_\_\_

Name of Dental Practice/Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Supervisor Name \_\_\_\_\_

Supervisor Title \_\_\_\_\_

Supervisor Direct Office Phone or Work Cell \_\_\_\_\_

Supervisor Email (for verification, if needed) \_\_\_\_\_

I hereby attest that the above-named candidate has a minimum of 1,040 hours of work experience performing infection prevention and control protocols based on U.S. federal infection prevention and control guidelines and standards in a dental setting within the previous 3 years. I am verifying all employment even if the candidate has worked for other employers in prior years.

Dates candidate has been employed in this role: From \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
*If still currently employed, please write "present" next to "to" field, or enter today's month/year*  
Month Year Month Year

Dates of previous employment (if applicable): From \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
Month Year Month Year

Signature of Supervisor \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



**CDIPC Exam—Pathway I  
Experience Option 2: Supervisor\*  
2022 Employer Work Experience Statement**

This form will be accepted through December 31, 2022.

*\*Supervising individuals who implement these guidelines and standards in a dental setting (e.g., dentist, dental office manager)*

Please complete this fillable form OR print with a pen and scan for uploading. The form must be filled out completely or application will be incomplete. **Please note:** If you are not currently employed, you may still apply to test and have a prior employer complete the form.

Name of Exam Candidate: \_\_\_\_\_

Name of Dental Practice/Organization \_\_\_\_\_

Office Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Supervisor/Practice Owner Name\* \_\_\_\_\_

Supervisor/Practice Owner Title\* \_\_\_\_\_

Supervisor/Practice Owner Direct Office Phone or Work Cell\* \_\_\_\_\_

Supervisor/Practice Owner Email (for verification, if needed)\* \_\_\_\_\_

*\*If the exam candidate is the practice/organization owner and has no supervisor, write "N/A: Self Employed."*

I hereby attest that the above-named candidate has a minimum of 1,040 hours of work experience supervising individuals who implement U.S. federal infection prevention and control guidelines and standards in a dental setting within the previous 3 years. I am verifying all employment even if the candidate has worked for other employers in prior years.

Dates candidate has been employed in this role:  
*If still currently employed, please write "present" next to "to" field, or enter today's month/year*

From \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_  
Month Year Month Year

Dates of previous employment (if applicable):

From \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_  
Month Year Month Year

Signature of Supervisor \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**If you have no supervisor, please sign the attestation statement below.**

*I attest that, under penalty of perjury and potential revocation of any earned certification, that I have performed at least 1,040 hours of work experience within the previous 3 years performing infection prevention and control protocols based on U.S. federal infection prevention and control guidelines and standards in a dental or educational setting.*

Signature of Exam Candidate \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



**CDIPC Exam—Pathway I  
Experience Option 3: Educator or Consultant\*  
2022 Employer Work Experience Statement**

This form will be accepted through December 31, 2022.

*\*Providing education or consulting services on these guidelines and standards in a dental setting (e.g., faculty teaching dental infection prevention and control, company educators, consultants)*

Please complete this fillable form OR print with a pen and scan for uploading. The form must be filled out completely or application will be incomplete. **Please note:** If you are not currently employed, you may still apply to test and have a prior employer complete the form.

Name of Exam Candidate \_\_\_\_\_

Name of Educational Institution/Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Supervisor/Owner Name\* \_\_\_\_\_

Supervisor/Owner Title\* \_\_\_\_\_

Supervisor/Owner Direct Office Phone or Work Cell\* \_\_\_\_\_

Supervisor/Owner Email (for verification, if needed)\* \_\_\_\_\_

*\*If the exam candidate is the company owner and has no supervisor, write "N/A: Self Employed."*

I hereby attest that the above-named candidate has a minimum of 1,040 hours of work experience providing education or consulting services on U.S. federal infection prevention and control guidelines and standards in a dental setting within the previous 3 years. I am verifying all employment even if the candidate has worked for other employers in prior years.

Dates candidate has been employed in this role:  
*If still currently employed, please write "present" next to "to" field, or enter today's month/year*

From \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_  
Month Year Month Year

Dates of previous employment (if applicable):

From \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_  
Month Year Month Year

Signature of Supervisor \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**If you have no supervisor, please sign the attestation statement below.**

*I attest that, under penalty of perjury and potential revocation of any earned certification, that I have performed at least 1,040 hours of work experience within the previous 3 years performing infection prevention and control protocols based on U.S. federal infection prevention and control guidelines and standards in a dental or educational setting.*

Signature of Exam Candidate \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_





**CDIPC Exam—Pathway I  
Experience Option 4: Investigator/Inspector\*  
2022 Employer Work Experience Statement**

This form will be accepted through December 31, 2022.

*\*Healthcare professionals (e.g., D.D.S.; D.M.D.; RDH; certified, registered, and/or licensed dental assistant; or licensed, registered or certified healthcare professional) who investigate or inspect dental settings for compliance with federal infection prevention and control guidelines and standards on behalf of government, regulatory, accrediting, or public health authorities*

Please complete this fillable form OR print with a pen and scan for uploading. The form must be filled out completely or application will be incomplete. **Please note:** If you are not currently employed, you may still apply to test and have a prior employer complete the form.

Name of Exam Candidate \_\_\_\_\_

Name of Government Agency/Accrediting Body \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Supervisor Name \_\_\_\_\_

Supervisor Title \_\_\_\_\_

Supervisor Direct Office Phone or Work Cell \_\_\_\_\_

Supervisor Email (for verification, if needed) \_\_\_\_\_

I hereby attest that the above-named candidate has a minimum of 1,040 hours of work experience investigating or inspecting dental settings for compliance with federal infection prevention and control guidelines and standards on behalf of government, regulatory, accrediting, or public health authorities within the previous 3 years. I am verifying all employment even if the candidate has worked for other employers in prior years.

Dates candidate has been employed in this role:

*If still currently employed, please write "present" next to "to" field, or enter today's month/year*

From \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_  
Month Year Month Year

Dates of previous employment (if applicable):

From \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_  
Month Year Month Year

Signature of Supervisor \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## How to Prepare for Your Exam

### STEP 1: REVIEW THE EXAM OUTLINE

Exam outlines identify every topic found on a particular exam. You can review the abbreviated exam outlines below; download complete exam outlines at [www.danb.org/Become-Certified/Prepare-for-DANB-Exams/Exam-Outlines.aspx](http://www.danb.org/Become-Certified/Prepare-for-DANB-Exams/Exam-Outlines.aspx). 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. 19)
- Textbooks and other reference materials
- The DALE Foundation's review courses and study aids (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

## CDIPC Exam Outline Overview

### Exam Weighting by Domain

- I. Policies and Administrative Responsibilities (15%)
- II. Patient and Dental Health Care Provider Protection (25%)
- III. Environmental Asepsis and Disinfection (30%)
- IV. Sterilization and Instrument Processing (30%)

### CDIPC Exam Details

Number of Multiple-Choice Questions: 100

Time for Exam: 75 minutes

## CDIPC Exam Suggested References

CDIPC exam committees use the following suggested exam preparation references to develop this exam. This list does not include all available study materials; these are the resources that exam committees have determined provide the most up-to-date information needed to meet a determined level of competence on this exam. Any one reference will likely not include all the study material required to pass the exam. **Please note that previous editions of the resources below may be used for study purposes if the previous version was published within the past 7 years, unless noted otherwise.**

This list is intended to help prepare for this exam. It is not an endorsement of the publications. You should prepare for the CDIPC exam using as many different study materials as possible.

### Suggested Exam Preparation References

1. 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). [www.cdc.gov/mmwr/preview/mmwrhtml/rr5217a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5217a1.htm)
  - *Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care*. Atlanta, GA: U.S. 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. [www.cdc.gov/oralhealth/infectioncontrol/summary-infection-prevention-practices/index.html](http://www.cdc.gov/oralhealth/infectioncontrol/summary-infection-prevention-practices/index.html)
2. 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). <https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1200>
  - *Bloodborne Pathogens Standard* (1910.1030). [www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1030](http://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1030)
3. Miller, Chris. *Infection Control and Management of Hazardous Materials for the Dental Team*. 6th ed. Elsevier/Mosby, 2018.

### Additional/Optional Study Resources

1. Bird, Doni L., and Debbie S. Robinson. *Essentials of Dental Assisting*. 6th ed. Elsevier/Saunders, 2017.
2. Bird, Doni L., and Debbie S. Robinson. *Modern Dental Assisting*. 13th ed. Elsevier/Saunders, 2020.
3. Phinney, Donna J., and Judy H. Halstead. *Dental Assisting: A Comprehensive Approach*. 5th ed. Delmar, 2018.
4. The Organization for Safety, Asepsis and Prevention (OSAP). [www.osap.org](http://www.osap.org).
  - From Policy to Practice: OSAP's Guide to the Guidelines
  - OSAP Dental Infection Control Bootcamp™
  - OSAP's OSHA & CDC Guidelines: Interact Training System
5. The DALE Foundation. [www.dalefoundation.org](http://www.dalefoundation.org).
  - DANB ICE Review
  - DANB ICE Practice Test
6. OSAP-DALE Foundation. [www.dentalinfectioncontrol.org](http://www.dentalinfectioncontrol.org)
  - OSAP-DALE Foundation Dental Infection Prevention and Control eHandbook
  - Understanding CDC's Summary of Infection Prevention Practices in Dental Settings
  - General Aspects of Instrument Processing