

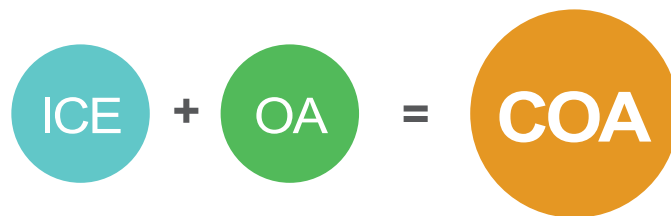


Dental Assisting National Board, Inc.  
*Measuring Dental Assisting Excellence®*

# COA®

The DANB® COA exam application packet includes applications for the following exams:

- **Certified Orthodontic Assistant (COA)**  
OA and ICE exams taken in the same administration
- **Orthodontic Assisting (OA)**
- **Infection Control (ICE®)**



When applying for an exam, you are responsible for understanding and complying with the 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).

DANB accepts 2020 exam applications through **Dec. 31, 2020**.



Apply online at [www.danb.org](http://www.danb.org).

# Testing with DANB

## Timeline

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

2-4 weeks	Once your payment is processed, DANB will review your application and documentation. If any additional information is needed, DANB will contact you by email.
1-2 business days	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.
Exam day	You will receive preliminary results at the testing center after completing your exam.
2-3 weeks from exam date	You will receive official exam results and any earned certificates by mail.

## Take Your Exam

You must present one form of identification (ID). The ID must be a currently valid, non-expired government-issued photo and signature-bearing ID, in roman characters. **The printed name on the ID must match the name exactly as it appears in your online DANB account.** If your name in your online DANB account and ID do not match, you must download and submit the Name Change Request form available at [www.danb.org](http://www.danb.org) prior to your exam appointment.

The middle name does not need to be spelled out, but the initial must match (e.g., “M” on ID card and “Mary” in your online DANB account and vice versa). If your name is hyphenated, your ID must also show a hyphenated name (e.g., “John Doe-Smith” on ID and “John Doe-Smith” in your online DANB account).

Acceptable forms of ID include:

- U.S. driver’s license
- Valid passport
- Military ID card
- U.S. ID card
- U.S. government-issued permanent resident card (with a photo and signature, commonly known as the green card, formerly known as the alien registration card)

If you arrive at the test center and your ID does not match your registered name, you will be turned away from testing. See the missed exam appointment instructions on the following page.

## Schedule an 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.

## Reschedule an Exam Appointment

You may reschedule to take an exam within your 60-day testing window. You may reschedule up to 24 hours before the original scheduled appointment. Only the candidate may reschedule an appointment.

## Request a New Testing Window

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. Cancel the existing exam appointment at least 24 hours before the scheduled exam start time, AND
3. 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.

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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 has met the International Accreditation Service (IAS) Accreditation Criteria for Bodies Operating Certification of Persons (AC474) and has demonstrated compliance with ISO/IEC Standard 17024:2012, Conformity assessment – General Requirements for Bodies Operating Certification of Persons and has been accredited as a Personnel Certification Body, commencing September 22, 2015, to provide certifications for Certified Dental Assistant (CDA) and Certified Orthodontic Assistant (COA) certifications.

### 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:

1. Access your online DANB account and click on the name of the exam to be canceled, AND
2. Cancel the existing exam appointment at least 24 hours before the scheduled exam start time, AND
3. Submit a request to cancel the testing window before the end of the 60-day testing window.

Once approved, DANB will issue a refund minus the \$75 processing fee and \$40 cancellation fee (\$115 total). 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.

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 (the new testing window will start immediately upon successful submission of the request) within 60 days of the missed appointment date

After 60 days, 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 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

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).

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

### Reasonable Accommodations

If you require accommodations to test:

1. Access your online DANB account and submit the request for accommodations and documentation with your exam application.
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).

### 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](http://www.danb.org).

## Application Statements

Please read the following *Application Statements* carefully. These statements apply to all DANB national 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 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 DANB application packet and Candidate Handbook covering eligibility for and the administration of certification exams, the certification process, and DANB policies, including but not limited to 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 DANB rules or regulations. I authorize DANB to make whatever inquiries and investigations it deems necessary to verify my credentials or professional standing.
2. I hereby release DANB, its directors, officers, examiners and agents from any and all liability arising out of or in connection with any action or omission by any of them in connection with this application, the certification process, any exam given by DANB, any scoring relating thereto, the failure to issue me a certificate, or any demand for forfeiture or return of such certificate, and I agree to indemnify DANB and said persons and hold them harmless from any lawsuit, complaint, claim, loss, damage, cost or expense, including attorneys' fees, arising out of or in connection with said certification activities. I UNDERSTAND THAT THE DECISION AS TO WHETHER I QUALIFY FOR A NATIONAL CERTIFICATION OR CERTIFICATE OF KNOWLEDGE-BASED COMPETENCE RESTS SOLELY AND EXCLUSIVELY WITH DANB AND THAT THE DECISION OF DANB IS FINAL. Notwithstanding the above, should I file suit against DANB, I agree that any such action shall be governed by and construed under the laws of the State of Illinois without regard to conflicts of law. I further agree that any such action shall be brought in the Circuit Court of Cook County in the State of Illinois, or the United States District Court for the Northern District of Illinois; I consent to the jurisdiction of such state and federal courts; and I agree that the venue of such courts is proper. I further agree that should I not prevail in any such action, DANB shall be entitled to all costs, including reasonable attorneys' fees, incurred in connection with the litigation.
3. I understand that except as provided below, this application and any information or material received or generated by DANB in connection with this application or the exam process will be kept confidential and will not be released unless I have authorized such release or the release is required by law. I understand that DANB will verify receipt of any DANB exam application and the date received, on request. I further understand and agree that DANB may also provide verification to anyone by phone, by mail or on DANB's website regarding whether I hold any DANB certifications, any DANB certificates of knowledge-based competence, and any state-specific certificates administered by DANB on behalf of a state regulatory body. Phone and mail verification will be provided to anyone upon request and will consist of oral or written confirmation of whether I hold any of the DANB-administered credentials listed above and the effective dates for each credential. Online verification through DANB's website may consist of online display of my name, the DANB-administered credentials I hold and dates earned, current DANB certification status, and my city and state of residence. My full address will not be posted online by DANB. I further understand and agree that DANB may, from time to time, provide my name, address and phone number to third parties (including but not limited to official DANB affiliates, potential employers; dental conference sponsors; federal, national or state organizations; or legislative committees or task forces proposing or informing stakeholders of legislation). I further understand that this consent will remain in effect unless and until I submit a written request to have this information omitted from release. I understand that if I do not want DANB to display my city and state of residence as part of the online verification process, then I must submit a written request for omission of this information to the following address: DANB Communications Department, 444 N. Michigan Ave., Suite 900, Chicago, IL 60611. (I understand that my name, credentials held [issued by DANB as described above] and current DANB certification status will be displayed for everyone; opting out of display of information is only possible for an individual's city and state.)
4. I understand that by providing my email address on the application form, I am consenting to receive email messages from DANB and its official affiliates related to their products and services or news affecting the dental assisting profession. I understand that DANB agrees not to provide my email address to any other third party without my consent, and that I can request removal from DANB's email distribution list by following the directions contained in the Privacy Policy section of DANB's Terms and Conditions of Use of DANB.org, located at [www.danb.org](http://www.danb.org).
5. I 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.

# Background Information Policy and Questions

## Background Information Policy

DANB national exam applications, certification renewal forms, certification reinstatement forms, and emeritus applications contain three background information questions (BIQs) that exam candidates and certificants (“DANB Individuals”) are required to answer. Failure to answer the questions will result in the application being returned as incomplete. DANB Individuals must submit documentation, with his/her completed application, related to each affirmative response. DANB will review the documentation related to each affirmative response and make a case-by-case determination, in consultation with legal counsel, as to the candidate’s eligibility to test, to earn certification or recertify. Dependent on specific disclosures made, DANB reserves the right to bring individuals for review under *DANB’s Disciplinary Policy & Procedures*.

Note: Any person being held on criminal charges or serving a sentence of confinement (e.g., prison, jail, home detention, or any equivalent mode of confinement) for any offense, must be fully released from confinement before applying for and/or taking a DANB exam or before renewing or reinstating DANB certification.

## Background Information Questions

### BIQ 1 Is your answer “yes” to either of the following?

- In the last five years, have you been convicted of, or pled guilty or no contest to, a felony or any crime punishable by confinement in a state or federal prison for any length of time?
- Are you currently serving a sentence of confinement, home detention, parole, probation, or other court-ordered supervision, or are you subject to a reporting requirement (e.g., sex offender or violent offender registry) in connection with **any** felony conviction received in your lifetime?

*It is not necessary to report misdemeanor convictions.*

*If you are uncertain whether a conviction was for a felony or a misdemeanor, you must mark “yes.”*

### BIQ 2 Have you ever been the subject of any of the following?

- Suspension, revocation, or voluntary surrender of your dental assisting license, registration, or other state-recognized dental assisting credential?
- Suspension, revocation, or voluntary surrender of a license, registration, or other state-recognized credential in any profession?
- Loss of authorization to practice dental assisting or any profession as an employee of the federal government?
- Loss of authorization to practice dental assisting or any profession in a jurisdiction that does not require registration, licensure, or other recognized employment credential?
- Disciplinary action by a professional regulatory board, certifying or examination agency, or other professional body?
- Investigation by or dismissal from an educational institution for cheating or any other ethical violation?

### BIQ 3 Have you ever been declared mentally incompetent by a court of law?

## Documentation Required If a Candidate Answers “Yes”

Documentation must be submitted with the completed exam application.

### Step 1 — Personal Statement

The candidate **must** attach a signed and dated personal statement describing the circumstances surrounding each occurrence, the offense or reason for the conviction or disciplinary action, the date of the adverse action, the penalties imposed, and the dates when penalties for each occurrence were or will be completed.

### Step 2 — Supporting Documentation

The candidate must also provide **official** documentation related to each occurrence, **including but not limited to**:

- BIQ 1** For felony convictions, judgment of conviction, sentencing order and termination of probation order, if applicable, and any other documentation deemed necessary by DANB.
- BIQ 2** For regulatory, credentialing or educational disciplinary action, an official statement from the disciplining agency or educational institution describing the offense and penalties imposed (e.g., consent order, decision) and, if applicable, providing evidence of completion or expiration of all penalties, including reinstatement of license or credential.
- BIQ 3** For a court declaration of mental incompetence, official copies of all relevant court orders and related documents.



## About DANB Exams

DANB uses computer adaptive testing (CAT). CAT starts each candidate with an item at or around the exam pass point. When the candidate answers an item correctly, the next item will be slightly harder. If the answer is incorrect, the next item will be slightly easier. Each candidate is presented with the same percentage of items from each domain on the exam outline. The candidate's score is based on the difficulty of the items answered, not a specific number or percentage of items, and the average candidate, regardless of passing or failing the exam, will get a little over 50 percent of the items correct and a little under 50 percent of the items incorrect. This method of testing more accurately pinpoints a candidate's ability level. All exam items are pretested to ensure the items are performing properly and are correctly calibrated before becoming a scored item.

## How to Prepare to Take an Exam

### Step 1: Review the exam outline

Download the outline from [www.danb.org](http://www.danb.org). 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:

- Suggested reference list (see p. 11)
- 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

## Exam Outlines

### Orthodontic Assisting (OA)

210 multiple-choice items  
2¾ hours testing time

Domain	% of items
Collection and recording of clinical data	21
Dental radiation health and safety	18
Orthodontic procedures	35
Patient education and office management	26

### Infection Control\* (ICE)

100 multiple-choice items  
1¼ hours testing time

Domain	% of items
Standard precautions and the prevention of disease transmission	20
Prevention of cross-contamination during procedures	34
Instrument/device processing	26
Occupational safety/administrative protocols	20

\*References 2003 CDC Guidelines for Infection Control in Dental Health-Care Settings and Occupational Safety and Health Administration (OSHA) Standards and the 2016 CDC Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care.

## Exam Eligibility

To earn COA certification, you must pass the OA and ICE exams within a five-year period. The exams may be taken together or separately. There are no eligibility requirements to take the ICE exam. You must meet the requirements of one of the eligibility pathways below to qualify to take the OA exam.

### **All COA/OA pathways require current DANB-accepted, hands-on CPR, BLS or ACLS.**

#### **Pathway I**

*Current or former CDA certificant or current Registered Dental Hygienist (RDH) AND minimum 3,500 hours orthodontic assisting work experience, accrued over a period of at least two years to a maximum of four years; employment must be verified by a licensed orthodontist/dentist.*

##### Required Documentation

#### **Employer Work Experience Statement (p. 9) AND**

#### **Current or former CDA certificant**

- Certification number

#### **Registered Dental Hygienist**

- Copy of current RDH license (from any state except Alabama)

#### **Pathway II**

*Minimum 3,500 hours orthodontic assisting work experience, accrued over a period of at least two years to a maximum of four years; employment must be verified by a licensed orthodontist/dentist.*

##### Required Documentation

#### **Employer Work Experience Statement (p. 9) AND High school graduation or equivalent**

- Copy of diploma, GED certificate or original/ official transcript mailed in a sealed envelope from the school from an institution recognized in the U.S. education system OR
- Proof of college or postsecondary coursework at an institution accredited by a U.S. Department of Education-recognized agency

If high school is outside U.S. and Canada

- Copy of high school or postsecondary diploma/ transcript with graduation date
- Copy of document translated into English
- Original/official equivalency report in a sealed envelope from the National Association of Credential Evaluation Services or American Association of Collegiate Registrars and Admissions Officers. DANB will return original documents.

#### **Pathway III**

*CDA certificant AND completion of an orthodontic assisting preparation course at a Commission on Dental Accreditation (CODA)-accredited dental assisting program.*

##### Required Documentation

#### **CDA certificant**

- Certification number

#### **Completion of an orthodontic preparation course**

- Copy of diploma/certificate or original/official transcript. mailed in a sealed envelope from the school

#### **Pathway IV**

*Former COA certificant or graduate of a D.D.S. or D.M.D. program.*

##### Required Documentation

#### **Former COA certificant**

- Certification number

#### **Graduate of a CODA-accredited D.D.S. or D.M.D. program in U.S. or Canada**

- Copy of diploma/certificate or dental license

#### **Graduate of a D.D.S. or D.M.D. program outside U.S. or Canada**

- Copy of transcript, diploma or current dental license
- Copy of the document translated into English

### **CPR, BLS or ACLS Documentation**

Copy (front and back) of current CPR, BLS or ACLS card from a DANB-accepted provider. Must be current at time of application and exam.

DANB accepts CPR, BLS and ACLS from the providers below, and only if the course included CPR and a hands-on exam. Courses from other providers will not be accepted.

- American CPR Training
- American Environmental Health and Safety
- American Heart Association
- American Red Cross
- American Safety and Health Institute
- Canadian Red Cross
- Emergency Care and Safety Institute
- Emergency First Response
- Emergency Medical Training Associates
- Emergency University\*
- EMS Safety Services
- Medic First Aid
- Medical Training Associates
- Military Training Network
- National Safety Council (Green Cross)
- Pacific Medical Training (BLS only through <https://911coned.com>)
- ProCPR\*
- Saudi Heart Association

\*Not all courses include a hands-on exam. Contact provider to be sure the course will be accepted by DANB.



# 2020 Certified Orthodontic Assistant (COA) or Orthodontic Assisting (OA) Exam

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

- Candidate must sign, date, answer all background information questions, and submit all required documentation and fees to DANB. **Incomplete applications will be not be processed. DANB will return the payment, minus a \$75 application fee and any nonrefundable certificate fees, to the candidate.**
- Mail or fax completed application and **documentation** to DANB. Full payment is required at the time of application.

## Section A: Exams (Please type or print with a pen.)

Which exam are you applying for? (Check only one.)

**COA exam** (OA and ICE exams taken together)      OR       **OA exam only**

DANB use: COA exam (3610)  
OA exam (3636)

## Section B: 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 \$75 application fee is not refundable under any circumstances.

Signature

Date

## Section C: Background Information Questions (Please type or print with a pen.)

Read the questions in their entirety on page 5. If you checked Yes for any question, you must include required documentation.

1. In the last five years have you been convicted of any felonies or are you currently serving any sentences for felony convictions?

No       Yes

2. Have you ever been disciplined by a regulatory board, certifying or examination agency, or education institution?

No       Yes

3. Have you ever been declared mentally incompetent by a court of law?

No       Yes

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

In what state do you work?

Last 4 SSN

Date of Birth  /  /

I work in a dental office that uses (check all that apply):  digital radiography       automatic processing       manual processing

Name (must match current ID exactly):

Last  First  Middle Name/Initial

Email (required)  Prior Name (if applicable)

Home Address  City  State  Zip

Phone Numbers:

Office  Cell or Home

## Section E: Eligibility Pathway

### Pathway I

- DANB certification #
- Employer Work Experience Statement (submit completed p. 9) AND
- CPR, BLS or ACLS card (submit copy of front and back)

### Pathway II

- Employer Work Experience Statement (submit completed p. 9) AND
- High School Graduation (submit proof of graduation) AND
- CPR, BLS or ACLS card (submit copy of front and back)

### Pathway III

- DANB certification #  AND
- Orthodontic Preparation Course (submit proof of completion) AND
- CPR, BLS or ACLS card (submit copy of front and back)

### Pathway IV

- DANB certification #  AND
- CPR, BLS or ACLS card (submit copy of front and back)

Please see p. 7 for required documentation.

## Section F: Payment

	<b>COA Exam Fee</b>	<b>OA Exam Fee</b>	
Traditional candidate:	\$450	\$320	
Active military personnel:	\$425	\$315	

Candidate's Name

**Exam fees include the \$75 nonrefundable application fee**

DANB use: COA exam (3610)  
OA exam (3636)

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 \$

Credit Card Number       CVV  Expiration  /

Cardholder's Name  Cardholder's Signature

Cardholder's Billing Address  City

State  Zip  Daytime Phone Number

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.)





# 2020 Employer Work Experience Statement (COA/OA Exam–Pathway I or II)

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

Please type or print with a pen. The form must be filled out completely or application will be incomplete.

Name of Orthodontic/Dental Practice  Office Phone

Address  City  State  Zip

Name of Licensed Orthodontist/Dentist

License #  State License Issued

A licensed orthodontist/dentist (license verified by DANB), from any country, may assess the work experience of a candidate in the country that the above orthodontist/dentist supervised/trained the candidate.

Name of Exam Candidate:

I hereby attest that the above named candidate has a minimum of 3,500 hours orthodontic assisting work experience. The 3,500 hours must have been accrued in a minimum of two years to a maximum of four years. I am verifying all employment even if the candidate has worked for other orthodontists/dentists in prior years.

Dates candidate has been in my employment: From  /  To  /   
Month Year Month Year

Dates of previous employment: From  /  To  /   
Month Year Month Year

If a candidate accrued orthodontic assisting work experience under more than one dentist/orthodontist during the required time period, the candidate may submit multiple Work Experience Statement forms, or the current dentist/orthodontist may verify all prior work experience on this form.

I further attest that I have personally trained or can verify that the candidate has been trained in the areas listed below. During the tenure of employment, if this candidate has not performed all of these functions in the office, he/she must still possess a basic understanding of them in order to increase his/her likelihood of success on the exam. If the candidate lacks training in or has not demonstrated basic knowledge of all areas listed below, he/she is ineligible to take the exam.

- ✓ Preliminary examination of patients (intraoral and extraoral)
- ✓ Chart teeth using Universal and Palmer Numbering Systems
- ✓ Chart treatment documentation
- ✓ Use of diagnostic aids (such as radiographic images and impressions for study models)
- ✓ Four-handed dentistry techniques
- ✓ Perform radiation safety
- ✓ Perform infection control
- ✓ Select and prepare armamentarium
- ✓ Perform and assist with orthodontic procedures
- ✓ Preventive management (e.g., medical emergencies, dental emergencies)
- ✓ Processes for laboratory procedures
- ✓ Select and manipulate chairside dental materials
- ✓ Select and manipulate laboratory dental materials
- ✓ Maintain aseptic conditions/prevent cross-contamination
- ✓ Select disinfection or sterilization for a given situation
- ✓ Perform sterilization and disinfection procedures
- ✓ Standards and guidelines of occupational safety for dental office personnel
- ✓ Manage patients
- ✓ Office operations (inventory, ordering, equipment maintenance, legal)

Signature of Licensed Orthodontist/Dentist

Date

**This form is required for COA/OA exam application under Pathway I or II.**  
Please see p. 7 for required documentation.



## Exam References

### Suggested References

DANB exam committees use the following textbooks and reference materials to develop this exam (excluding the Additional/Optional Study Resources section). This list does not include all the available textbooks and materials for studying for this exam; these are simply the resources that exam committee subject matter experts have determined provide the most up-to-date information needed to meet or surpass a determined level of competency for this exam. Any one reference will likely not include all the material required to study to take and pass the exam. This list is intended to help prepare for this exam. It is not intended to be an endorsement of any of the publications listed. You should prepare for DANB certification and component exams using as many different study materials as possible.

You may obtain the reference materials below through various libraries and bookstores, or you may contact the publisher directly.

### Orthodontic Assisting (OA) Exam

#### Suggested References

1. Bird, Doni L., and Debbie S. Robinson. *Essentials of Dental Assisting*. 5th ed. St. Louis, MO: Elsevier/Saunders, 2013.
2. Bird, Doni L., and Debbie S. Robinson. *Modern Dental Assisting*. 10th and 11th ed. St. Louis, MO: Elsevier/Saunders, 2012 and 2015.
3. Phinney, Donna J. and Judy H. Halstead. *Dental Assisting: A Comprehensive Approach*. 3rd and 4th ed. Clifton Park, NY: Delmar, 2008 and 2013.
4. Proffit, William R., Henry W. Fields and David M. Sarver. *Contemporary Orthodontics*. 4th and 5th ed. St. Louis, MO: Elsevier/Mosby, 2006 and 2013.

#### Additional/Optional Study Resources

The DALE Foundation. [www.dalefoundation.org](http://www.dalefoundation.org).

- *DANB OA Review*
- *DANB OA Practice Test*
- *Glossary of Dental Terms*

### Infection Control Exam

#### Suggested References

1. Bird, Doni L., and Debbie S. Robinson. *Essentials of Dental Assisting*. 5th ed. and 6th. St. Louis, MO: Elsevier/Saunders, 2013 and 2017.
2. Bird, Doni L., and Debbie S. Robinson. *Modern Dental Assisting*. 11th and 12th ed. St. Louis, MO: Elsevier/Saunders, 2015 and 2017.
3. 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)
  - *Centers for Disease Control and Prevention. Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care*. Atlanta, GA: US 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
4. Miller, Chris. *Infection Control and Management of Hazardous Materials for the Dental Team*. 6th ed. St. Louis, MO: Elsevier/Mosby, 2018.
5. Phinney, Donna J., and Judy H. Halstead. *Dental Assisting: A Comprehensive Approach*. 5th ed. Clifton Park, NY: Delmar, 2018.

6. U.S. Department of Labor, Occupational Safety and Health Administration (OSHA). [www.osha.gov](http://www.osha.gov).
  - *Hazard Communication Guidelines for Compliance* (Publication 3111)
  - *Hazard Communication standard* (Code of Federal Regulations #29, Part 1910)
  - *Bloodborne Pathogens standard* (1910.1030)

#### Additional/Optional Study Resources

1. The Organization for Safety and Asepsis (OSAP). [www.osap.org](http://www.osap.org).
  - *From Policy to Practice: OSAP's Guide to the Guidelines*
  - *OSAP's OSHA & CDC Guidelines: Interact Training System*
2. The American Dental Assistants Association (ADAA). [www.dentalassistant.org](http://www.dentalassistant.org).
  - *Infection Control in the Dental Office: A Review for a National Infection Control Exam* (Course #0906)
  - *Guidelines for Infection Control in Dental Health Care Settings* (Course #1305)
3. The DALE Foundation. [www.dalefoundation.org](http://www.dalefoundation.org).
  - *DANB ICE Review*
  - *DANB ICE Practice Test*
  - *Glossary of Dental Terms*
4. OSAP-DALE Foundation. [www.dentalinfectioncontrol.org](http://www.dentalinfectioncontrol.org).
  - *Dental Infection Prevention and Control eHandbook™*
  - *CDEA module: Understanding CDC's Summary of Infection Prevention Practice in Dental Settings: Basic Expectations for Safe Care*
5. Centers for Disease Control and Prevention (CDC). [www.cdc.gov](http://www.cdc.gov).
  - *Updated U.S. Public Health Service guidelines for the management of occupational exposures to HBV, HCV, and HIV and recommendations for postexposure prophylaxis* (MMWR, Vol. 50, RR 11)

