



Report of Major Actions of the Board of Directors of the Dental Assisting National Board, Inc. Discussed at its Winter Meeting

February, 2004

Following each semi-annual meeting of the Board of Directors of the Dental Assisting National Board, Inc. (DANB), DANB publishes a *Report of Major Actions of and Project Updates Discussed by the DANB Board of Directors*. This report is provided to each organization with representation on the DANB Board of Directors, and to other members of DANB's communities of interest as desired, and will be followed by that meeting's minutes when approved. In addition, DANB publishes each *Report of Major Actions of and Project Updates Discussed by the DANB Board of Directors* on the DANB web site, www.danb.org.

This Report reflecting February 2004 actions of DANB's Board of Directors is organized using the following categories: *Stakeholder Outreach; Proactive Activities; National Certification Exam Updates; Value-Added for DANB Exam Candidates; New Candidate and Certificant Policies; and DANB Board Focus.*

Stakeholder Outreach

1. Summary of DANB Surveys to be Conducted in Fiscal Year 2003-04

The DANB Board of Directors is focused on gathering information from and about its various stakeholder groups in order to better serve them. (DANB stakeholders include but are not limited to current DANB certificants, dental assisting educators, particularly those at programs accredited by the American Dental Association's (ADA's) Commission on Dental Accreditation (CODA), employers of dental assistants, state regulatory bodies, national dental and dental assisting organizations and their state components, and non-certified dental assistants). To this end, DANB's minimum goal is to survey at least one stakeholder group annually.

In Fiscal Year 2003-04 (September 1, 2003 – August 31, 2004), DANB has conducted or will conduct the following surveys:

- a. 2004 CDA Salary Survey (a follow-up to the DANB CDA Salary Survey "Show Me the Money" conducted in 2002);
- b. Phase III of DANB/ADAA Survey to Define and Rank Core Dental Assisting Competencies (Phases I and II surveyed DANB Certified Assistants (Certified Dental Assistants (CDAs), Certified Orthodontic Assistants (COAs), Certified Dental Practice Management Administrators (CDPMAs), and Certified Oral and Maxillofacial Surgery Assistants (COMSAs) working in dental office/clinical settings; CDAs who are educators in ADA-accredited dental assisting programs; and non-DANB-Certified dental assistants. Phase III surveyed dentists. More information on initial results of this survey will be provided later in this report.)
- c. On-line surveys of stakeholder groups (Currently, Dentalworkers, Inc. sponsors an online survey of visitors to its job banking/resume posting site, www.dentalworkers.com, asking visitors to note their interest in dental assistant certification or competency credentials in the areas of CDA, COA, CDPMA, COMSA, Radiation Health and Safety (RHS) and Infection Control (ICE). In the next few months, DANB will initiate a survey of certificants regarding their interest in potential new DANB fee-for-service programs: Continuing Dental Education Verification and Maintenance; DANB business cards; and DANB scrubs/lab coats.

Results from all DANB surveys have been or will be published in DANB's quarterly newsletter, *Certified Press*.

At its February 2004 meeting, DANB's Board of Directors directed DANB staff to work to increase the number of annual stakeholder surveys, using on-line survey software.

2. Preliminary Results of Phase III of the DANB/ADAA Study to Define and Rank Core Competencies for Dental Assistants

In November 2003, DANB surveyed a stratified random sampling of ADA member dentists, providing them with generic descriptions of four levels of dental assisting tasks from most basic to more complex, along with a request that the respondents rank the same 70 tasks that were provided to CDAs, CDA-educators, and non-DANB Certified dental assistants in Phases I and II of this study. DANB's Board reviewed the preliminary results from Phase III of this study.

DANB mailed 5,000 surveys to a random sample of U.S. dentists, stratified by state. A total of 544 completed surveys were returned, for a return rate of 11%, which is at a level that allows DANB to generalize the findings. The majority of the participants (97%) are in private practice, practicing general dentistry (82%). Eighty-six percent (86%) have been in practice for more than 10 years. These private practice settings employ an average of 2.8 dental assistants and 1.7 dental hygienists.

Because the rating scale descriptors were reworded for Phase III of this study as compared to those used in Phases I and II, a direct statistical comparison of the results of the survey phases is not recommended. However, qualitatively, there appears to be consistency between Phase I/II and Phase III survey results when reviewing global task ranking categories.

The next step in this research will be to send the survey with reworded rating scale descriptors to Phase I (CDAs and ADA-accredited dental assisting program directors) and II (non-DANB Certified assistants). Then data from all three groups will be able to be directly compared and statistically analyzed.

DANB's Board of Directors and the ADAA Board of Trustees encourages the ADA's Dental Assisting Review Committee (DARC) and the American Dental Education Association (ADEA) to participate in this research process by inviting representatives of these organizations to attend upcoming meetings of the ADAA/DANB Ad Hoc Committee to Enhance the Dental Assisting Profession.

Ultimately, the DANB Board of Directors and the ADAA Board of Trustees support the development of a 'white paper' (***position paper***) defining core competencies for dental assistants, involving as many communities of interest in the dental and dental assisting arenas as express a desire to participate and to receive this information.

In addition, DANB and ADAA hope to work with ADA's Dental Assisting Review Committee and/or Commission on Dental Accreditation to link results of Phases I, II, and III to Core Curricula Requirements of ADA-accredited dental assisting programs.

The next meeting of the ADAA/DANB Ad Hoc Committee to Enhance the Dental Assisting Profession will be held in Anaheim on July 8, 2004, in conjunction with the Annual Meeting of the ADAA and the Academy of General Dentistry (AGD).

3. Marketing DANB's State Fact Booklet

Beginning in the Fall of 2003, DANB completed its compilation of state dental practice acts and administrative rules as they pertain to dental assisting. DANB receives frequent questions from various stakeholder groups, among them what dental assistants are allowed to do in various states, what DANB exams are recognized or required, how to contact state dental boards, and how many certificants reside in each state. In particular, as state dental boards periodically consider revision of these acts and regulations, they contact DANB to see what the requirements are in other states, to avoid 'reinventing the wheel.'

Designed to be updated annually, DANB's *State Fact Booklet* is a nearly 200 page wealth of information, organized by state. Each state's listing includes:

- a. State dental board contact information;
- b. Excerpts from state dental practice acts and administrative rules pertaining to dental assistants;
- c. What DANB examinations are required or recognized in that state;

- d. Contact information for the national office of the American Dental Assistants Association;
- e. List of dental assisting programs in that state that are accredited by the American Dental Association’s Commission on Dental Accreditation;
- f. Count of DANB Certified Assistants;
- g. Count of assistants who have passed DANB certificate of competency exams (Infection Control (ICE) and Radiation Health and Safety (RHS)); and
- h. Salary statistics comparing DANB certificant salaries in each state with the average salary of a non-DANB Certified Assistant.

DANB’s Board of Directors established the following price structure for this publication:

DANB Certificant Rate (CDAs, COAs, CDPMAs, COMSAs)	\$40
Affiliated Professional Rate <i>(Non-DANB Certified Assistant, state regulatory bodies, state and national dental-related organizations, educators, employers, other dental professionals)</i>	\$65
Commercial Rate	\$85

Annual updates to this publication will be available to those who wish to reorder in subsequent years at the following rates:

DANB Certificant Rate (CDAs, COAs, CDPMAs, COMSAs)	\$30
Affiliated Professional Rate <i>(Non-DANB Certified Assistant, state regulatory bodies, state and national dental-related organizations, educators, employers, other dental professionals)</i>	\$55
Commercial Rate	\$75

4. Expansion of DANB’s Phone System

DANB’s phone call volume averaged over 14,000 calls per month, starting in July 2003, up from an average monthly phone volume of 10,000. The number of incomplete calls per month rose from 60 to approximately 120 during this same time period. Therefore, in order to increase DANB telephone communications with stakeholders, effective November 2003, DANB

- increased its telephone lines from 26 to 50,
- added direct dial numbers for key DANB staff (for easier direct access),
- added a second toll-free line (1-866-DIR-DANB (1-866-347-3262) to the current toll free line (1-800-FOR-DANB (1-800-367-3262)) for program directors, state dental boards, and other key stakeholder groups (again for easier direct access), and
- installed call center software to better manage DANB’s incoming calls and staff workload.

The direct dial phone numbers for key DANB staff members are appended to this report.

Proactive Activities

5. ‘State of the States’

The first five months of DANB’s 2003-04 Fiscal Year have been inordinately busy ones as state dental boards contact DANB for information related to dental assistant credentialing issues.

Indiana: The Indiana dental board is investigating expanding dental assisting functions, and using the CDA as a baseline for their legal performance. DANB recently provided written testimony and hopes to hear about the outcome in the next few months.

Iowa: Dental assistants in Iowa are required to pass DANB's Radiation Health and Safety (RHS) and Infection Control Exams (ICE) in order to gain state registration (among other requirements). Passing DANB's Certified Dental Assistant (CDA) exam, plus Iowa-approved education, is required for the performance of expanded functions. The Iowa Dental Association has approached the Iowa legislature to remove all exam requirements for dental assistants, (incorrectly) asserting that no other state requires assistants to complete education or pass DANB's ICE. DANB has provided written testimony on this topic. Legislative discussion is pending.

Massachusetts: Effective May 2004, the Massachusetts Dental Society (MDS) will provide selected dental assistants in Massachusetts a stipend to pay for DANB's CDA examination or any of the three CDA component exams (General Chairsides (GC), Radiation Health and Safety (RHS), and Infection Control Examination (ICE)). This stipend will be awarded by MDS based on qualified dental assisting students selected by directors of dental assisting programs in Massachusetts that are accredited by the ADA's Commission on Dental Accreditation.

Minnesota: The Minnesota dental board is supporting legislation to license dental assistants, and is considering using DANB certification for expanded duties. DANB provided both written and verbal testimony.

Tennessee: In February 2003, the security of the TNRDA exam was compromised. DANB worked with the Tennessee dental board to temporarily replace the TNRDA exam with DANB's General Chairsides and RHS exams (renaming them TNDGC and TNRHS). However, because there is no standard RDA curriculum in Tennessee, most assistants who are not graduates of ADA-accredited programs in that state were unsuccessful with these new Tennessee exams.

This caused the Tennessee Dental Association to question the exams (but not the variability of educational programs across the state), recently filing a bill with the Tennessee legislature to remove the exam requirement from Tennessee's dental practice act. This bill could be addressed by the legislature as early as mid-March.

The Tennessee dental board, however, is staunchly in support of retaining the exam requirement. DANB's Executive Director and psychometric staff met to work with 12 Tennessee Exam Committee members appointed by the Tennessee Board of Dentistry to develop an exam blueprint based on Tennessee's list of dental assisting expanded duties plus some dental assisting 'foundation' information. They also discussed how this group might use its work to develop and implement a standardized dental assisting curriculum for state-approved programs. (Graduates of Tennessee dental assisting programs accredited by the ADA's Commission on Dental Accreditation take the CDA examination, which is also accepted as meeting Tennessee requirements for dental assistants. Even though they are not involved in this state-specific education process, the Tennessee Exam Committee has representation by ADA-accredited dental assisting programs in Tennessee.) A new form of the TNRDA exam will be drafted and administered on computer as early as September 2004.

Texas: Beginning September 2004, Texas dental assistants will be required to pass an infection control exam approved by the Texas dental board. Since the Texas State Board of Dental Examiners recognizes DANB's RHS exam as meeting its state radiography requirements, DANB hopes that its ICE exam will be also be recognized to meet these new infection control requirements.

Virginia: The Virginia dental board is investigating expanded functions for dental assistants and using DANB's CDA as a baseline measure. DANB provided written testimony.

Washington: The State of Washington health department put forth a Sunrise Review Omnibus proposal, calling for the definition and acknowledgement of dental assistants in the Washington state dental practice act, including a requirement for certification. DANB provided both written and verbal testimony.

West Virginia: The West Virginia dental board is investigating expanded functions for dental assistants and using DANB's CDA as a baseline measure. DANB provided written testimony.

National Certification Exam Updates

6. Results of Survey of ADA-Accredited Dental Assisting Program Directors Regarding DANB's Potential Expansion of CDPMA Examination Eligibility Pathways

In July 2003, DANB staff received a request from a program director at a dental assisting program accredited by the ADA's Commission on Dental Accreditation who is developing a course for dental practice management administrators. Currently, eligibility pathways for DANB's Certified Dental Practice Management Administrator (CDPMA) examination do not allow current students to sit for this examination. (In contrast, current CDA and COA exam eligibility pathways allow students enrolled in ADA-accredited dental assisting programs who are interested in taking the CDA or COA examinations to test.)

In August 2003, DANB's Board directed staff to conduct research before it will consider proposing the addition of an eligibility pathway for the CDPMA examination:

1. How many ADA-accredited dental assisting programs currently offer extensive coursework/programs in dental practice management?
2. If these programs are offered, how long are they and what does the curriculum cover?
3. Are these programs housed within the ADA-accredited dental assisting program, or are they independent of the program?
4. Would existing ADA-accredited dental assisting programs consider initiating more extensive training in dental practice management if CDPMA exam eligibility pathways were expanded to accept current students?

In December 2003, DANB sent postcards to directors of all dental assisting programs accredited by the ADA's Commission on Dental Accreditation (~ 257), inviting them to participate in an 8-question on-line survey requesting information on Certificate or Degree Programs in Dental Practice Management. Sixty responses were received, for a response rate of 23%.

Fifty-four (90%) of the respondents did not currently have a Dental Practice Management Certificate or Degree Program, 3 (5%) had a Certificate Program, and 3 (5%) had a Degree Program. Program lengths varied from 1450 clock hours, to 27 to 50 semester hours, to 30 credits, to 5 semesters beyond the initial dental assisting certificate. Of the five respondents who answered the question regarding whether a Dental Practice Management program was a part of or independent from the ADA-accredited dental assisting program, three noted that these programs were extensions of the dental assisting program. Of the 38 who responded to the question of whether they would consider initiating a Dental Practice Management program if a Certified Dental Practice Management Administrator (CDPMA) exam eligibility pathway becomes available to their students, 13% said they would do so immediately, 34% said they would do so within 1 to 2 years, and 53% had no interest in initiating such a program.

Based on these results, DANB's Board directed staff to 1) contact all ADA-accredited dental assisting programs to provide them with results of this survey and 2) conduct another online survey by July 1, 2004 to determine whether additional Dental Practice Management programs/courses of study have been initiated, and to compare June 2004 results with the December 2003 results and report to the DANB Board at its August 2004 meeting.

Once DANB collects this information, if the Board will consider adding a CDPMA examination eligibility pathway, it will first ask the ADA Council on Dental Education and Licensure to review and approve it under ADA's *Criteria for Approval of a National Dental Assistant Certification Board*.

7. Addressing an Increase in Interest in DANB Reactivation of the Currently Discontinued Certified Oral and Maxillofacial Surgery Assistant (COMSA) Examination

From October to December 2003, DANB received 1,319 requests for information (through the online Dentalworkers.com survey) about becoming DANB-certified in oral and maxillofacial surgery assisting. However, as of January 1, 2000, DANB discontinued the administration of the COMSA examination due to low candidate numbers, which jeopardized the long-term validity of the COMSA examination. (Even though the COMSA exam is no longer administered, DANB continues to recognize and support the COMSA *credential* for those who earned it prior to January 2000, and wish to continue to meet DANB's recertification requirements.)

DANB emailed information with appropriate links to current DANB exam information (CDA, COA, CDPMA, RHS, ICE) to these 1,319 individuals requesting COMSA information, along with an explanation of why COMSA had been discontinued and what qualifications a candidate would need to meet, should COMSA be reinstated in the future.

DANB's Strategic Planning/Marketing Committee has recommended, with Board support, that DANB staff perform the following to assess the future of, support/recognition of, and interest in the COMSA exam/credential or a modified/combined exam and credential:

- a. Conduct an on-line survey, hosted at www.danb.org, for certificant feedback;
- b. In FY 2004-05 (according to the proposed DANB Strategic Planning/Marketing Calendar), communicate with the American Association of Oral and Maxillofacial Surgeons (AAOMS) to ascertain their level of interest in COMSA or a hybrid oral surgery assistant credential and their interest in it or willingness to support it;
- c. In FY 2004-05 or thereafter, initiate a direct mail or email effort to oral surgeons to ascertain their level of interest in COMSA or a hybrid oral surgery assistant credential and their interest in it or willingness to support it.

If the COMSA examination is reinstated, DANB will communicate with the ADA's Council on Dental Education and Licensure to review the proposal under the ADA's *Criteria for Approval of a National Dental Assistant Certification Board*.

8. Final Results of CDA/GC Exam Pilot Pathway IV Study

History

Based on initial research conducted in the mid-1980's, which DANB periodically replicates, DANB has established the following CDA/GC exam eligibility pathways to be equivalent (note that ALL candidates must hold current CPR certification from a DANB-accepted provider):

Pathway I: graduates of ADA-accredited dental assisting programs

Pathway II: high school graduates who have worked at least 3,500 hours as a dental assistant full time over a continuous 24-month period, or part time over a continuous 24 to 48 month period

Pathway III: individuals who had previously earned the CDA but had allowed it to lapse, or licensed dentists who graduated from an ADA-accredited dental school, or foreign dentists

The CDA/GC pass rates from these three eligibility pathways is statistically equivalent. That is, no matter which pathway current candidates apply through, overall each pathway passes candidates at the same rate.

In order to initiate a new CDA/GC exam eligibility pathway, DANB must conduct a pilot study to determine if pass rates will be statistically equivalent to pass rates from current pathways.

Pilot Study

At the August 2001 meeting of DANB's Board of Directors, DANB's Board voted to initiate a two-year pilot study to determine whether students and graduates of dental assisting programs located in organizations accredited by regional or national agencies recognized by the U.S. Department of Education (but not accredited by the American Dental Association) would pass DANB's Certified Dental Assistant (CDA) exam or the General Chairsides (GC) component of the CDA at a rate statistically equivalent to the pass rate of candidates who applied through the current CDA/GC exam eligibility pathways I through III. (*DANB published its rationale for the initiation of this pilot pathway study in 2002, which is available on request.*)

Specifically, requirements for CDA/GC Pilot Pathway IV included:

- High school graduation or equivalent AND
- Graduation or completion of a DANB-accepted vocational-technical dental assisting program AND
- Minimum of 6 months full time work experience (at least 600 hours accumulated over a 6 month period) as a dental assistant verified by dentist-employer AND
- DANB-accepted CPR certification earned within two years prior to the examination date for which the application is being made.

The CDA/GC Pilot Pathway IV study was conducted from January 1, 2002 through December 31, 2003. The two-year pilot study included a review of candidate exam results for those qualified dental assistants who took either DANB's entire CDA exam or the General Chairside component of the CDA exam, and whose applications were postmarked between January 1, 2002 and December 31, 2003.

In August 2003, DANB's Board confirmed its original decision to conduct this study over a two-year period, and not to extend the study beyond December 31, 2003.

Data

From 1/1/02 to 1/15/04 (candidates whose applications were postmarked by 12/31/03, and who tested by 1/15/04, in time for review by DANB's Board at their 2/6-8/04 meeting), a total of 958 candidates tested under CDA/GC Pilot Pathway IV and 4952 tested under Pathway I (ADA-accredited program graduates). The breakdown of exams and results are in the table below.

Exam	# Pass	# Fail	Total N (Pathway IV)	% Passing – P*	% Passing–T*	Total N (Pathway I)
CDA	22	6	28	79%	80%	1704
CDA – GC	23	5	28	82%	85%	1704
CDA – ICE	27	1	28	96%	90%	1704
CDA – RHS	24	4	28	86%	90%	1704
GC	7	1	8	88%	87%	981
ICE	21	1	22	95%	91%	1327
RHS	154	30	184	84%	83%	4061

% Passing – P* = pilot pathway only

% Passing – T* = overall pass rate from pathway I

The table below combines data from candidates who took GC as part of the CDA and GC alone, RHS as part of the CDA and RHS alone, and ICE as part of the CDA and ICE alone.

Exam	# Pass	# Fail	Total N (Pathway IV)	% Passing – P*	% Passing–T*	Total N (Pathway I)
GC	132	50	182	73%	80%	3946
ICE	174	24	198	88%	94%	2652
RHS	629	149	778	81%	93%	2915

Both DANB staff and the ADA's Dental Assisting Review Committee had some concerns that candidates from military programs qualifying under CDA/GC Pilot Pathway IV might perform at a higher level than the other Pilot Pathway IV candidates. If such candidate numbers were sufficient to potentially confound the results, we were to analyze them both separately and in the aggregate. Since only one Pilot Pathway IV candidate was from a military dental assisting program, this separate analysis was not warranted.

DANB psychometric staff combined GC and GC in CDA results into one analysis, because pass/fail rates should be equivalent for the GC exam taken alone or within the CDA exam.

DANB analyzed only GC and GC in CDA results because these are the only exams that have educational requirements (different pathways). DANB's goal is to determine if the different pathways have equivalent pass/fail rates. Additionally, because the ICE and RHS do not have eligibility requirements, DANB does not require candidates to provide DANB with school codes. Therefore, there is no true way to determine if ICE and RHS candidates graduated from an ADA-accredited program or from a vocational/technical school accepted by DANB under the Pilot Pathway IV criteria.

Conclusion

DANB needed scores from at least 100 candidates applying through this Pilot Pathway IV to have sufficient candidate data to apply the appropriate statistics to determine if pass rates were equivalent. During this two-year period, 182 candidates applied to take the entire CDA exam or the GC component of the CDA exam through Pilot Pathway IV (versus 3946 through Pathway I).

(From January 1, 2002 through December 31, 2003, 198 candidates took the Infection Control Exam (ICE) either within the CDA or as a stand-alone exam through Pilot Pathway IV versus 2652 through Pathway I. 778 candidates took the Radiation Health and Safety (RHS) exam either within the CDA or as a stand-alone exam through Pilot Pathway IV versus 2915 through Pathway I during this two-year study. However, DANB did not apply any statistics to ICE or RHS pass rates to compare Pilot Pathway IV and Pathway I candidate performance, since there are no eligibility prerequisites for the ICE and RHS exams as there are for the CDA exam as a whole, or the GC component exam.)

While 80% of candidates who were eligible to take the CDA exam or GC component through Pathway I passed, 73% of candidates eligible to test through Pilot Pathway IV passed. When both Odds Ratio and Chi Square statistics were applied to the data, the results demonstrated that Pilot Pathway IV candidates are more likely to fail the CDA exam or GC component than candidates from Pathway I.

(Please note that, though statistics were applied to Pathway I candidate results only when comparing them to Pilot Pathway IV results, DANB conducts annual studies to assess equivalence among Pathways I, II and III. These studies demonstrate that candidates from these pathways pass the CDA exam or the GC component exam at statistically equivalent rates.)

Based on these results, at its February 6-8, 2004 Winter meeting, DANB's Board of Directors directed the Executive Director not to implement a CDA/GC examination eligibility Pathway IV as currently defined, because data do not support Pilot Pathway IV equivalence with current CDA/GC examination eligibility pathways.

What Does this Mean for Pilot Pathway IV Schools and Their Students?

DANB believes that the public is best protected when dental assistants demonstrate at least minimum competency on a nationally standardized dental assisting examination. Thirty-four states agree, and either recognize or require DANB exams for dental assistants practicing in these states.

In addition, dental assisting programs can gain valuable knowledge about their programs by encouraging their students to challenge DANB exams. DANB currently provides ADA-accredited dental assisting programs with semi-annual reports of candidate performance on DANB national exams, comparing school performance to on-the-job-trained candidates, and to performance of dental assistants across the nation.

DANB encourages dental assisting programs accepted under DANB's CDA/GC Pilot Pathway IV study to continue to encourage their students to take DANB's RHS and ICE examinations, and to take the GC examination when they have met CPR and Pathway II education and work experience requirements. (Some current students may already meet GC requirements through Pathway II and thus be eligible to challenge the entire CDA exam, not just RHS and ICE.) Note that the majority of dental assistants 'build' their CDA certification by taking and passing the three component exams (RHS, ICE and GC) within a five-year period.

Though the Pilot Pathway IV study has concluded, DANB will continue to generate Program Performance Reports reflecting candidate performance on the RHS and ICE exams on request for DANB-accepted Pilot Pathway IV dental assisting programs, twice each year for those programs interested in receiving such reports.

What Does This Mean for ADA-Accredited Dental Assisting Programs?

The results of DANB's CDA/GC Pilot Pathway IV study support the quality of dental assisting programs accredited by ADA's Commission on Dental Accreditation. ADA-accredited dental assisting program graduates pass DANB's General Chairside component of the CDA exam, and the CDA exam as a whole, at a rate that is higher than the passing rate for candidates who graduate from dental assisting programs in institutions accredited by other regional or national accrediting bodies. This passing rate difference is statistically significant.

Value-Added Programs for DANB Exam Candidates

9. Update on DANB's Application to the American Council on Education

The American Council on Education (ACE) provides the College Credit Recommendation Service, which evaluates various noncampus courses and examinations, and recommends levels of college credit for those courses and examinations that meet ACE's criteria. This service assists adult learners in gaining easier access to college degrees by providing credit for non-college life experience and accomplishments.

In Spring 2004, DANB's Executive Director and psychometric staff and consultants will complete the ACE application to obtain college credit for DANB's Radiation Health and Safety (RHS), Infection Control (ICE) and General Chairside (GC) examinations, and will travel to the ACE offices in Washington, DC to defend these applications. ACE will then provide its assessment of college credits awarded for DANB examinations.

10. Interactive Tutorial for Computerized Exams

DANB has added a computerized examination tutorial feature (which does *not* include sample DANB exam questions) to www.danb.org.

In concert with Pearson VUE, DANB's computerized testing vendor, DANB developed the tutorial as part of an initiative to provide exam candidates with a better understanding of the computerized testing process as well as to respond to the needs of program directors/educators, dentist/employers, and state boards of dentistry for an orientation tool.

The two-part tutorial consists of

- a) Guided Tour – A generic tutorial to acquaint the exam candidate with various functions and possible features that Pearson VUE has available for computerized testing.
- b) Demo Test – A DANB-specific tutorial that includes the features DANB has chosen to incorporate into its exams.

To view this tutorial, go to DANB's web site at www.danb.org. From DANB's home page, click on EXAMINATIONS. On the bottom left of the EXAMINATIONS page, click the link titled DANB COMPUTERIZED EXAMINATION TUTORIAL. An instruction page will appear and provide a guide to downloading the tutorial.

New Candidate and Certificant Policies

11. Reminder - Changes to DANB Renewal Fee Structure, Effective January 2004

DANB is a nonprofit organization with revenues drawn primarily from examination and renewal fees. The Board's fiduciary responsibility requires that it assess such fees at a level that covers costs and builds financial reserves to fund future initiatives and support the organization in times of economic downturn.

For the first time in four years, a proposal to increase renewal fees was evaluated and approved. Beginning with DANB certificants due to renew their certification in January 2004, annual fees to renew a single DANB credential (CDA, COA, CDPMA or COMSA) will increase \$5, from \$40 to \$45.

In addition, a \$10 late fee will apply to all DANB certificants who choose to pay their renewal fee after their renewal date, any time during the three-month grace period provided by DANB. (This three-month grace period is established to allow additional time for Certificants to obtain their 12 hours of required annual continuing dental education.)

DANB renewal fees pay for the processing of the certificant's recertification, including conducting quality control verification, and printing and mailing of certificates, DANB Recertification Guidelines, and related information. Fees also go toward defraying some of the costs associated with DANB's phone system (where DANB averages approximately 10,000 calls each month), the development, publication and mailing of DANB's quarterly *Certified Press* newsletter, salary and other stakeholder surveys, update and maintenance of DANB's website (www.danb.org), and DANB participation at national and regional dental conferences and legislative advocacy meetings. In addition, DANB holds an active membership in the National Organization for Competency Assurance (on whose Board of Directors DANB's Executive Director Cynthia Durley serves) and DANB's national examination programs are accredited by the National Commission for Certifying Agencies (currently Chaired by Ms. Durley). DANB renewal fees help DANB to work to elevate the DANB Certifications and the dental assisting profession on a statewide and national basis!

12. Fee for Written Verification of DANB Score/Certification Status

DANB receives hundreds of requests annually from dental assistants who ask DANB to provide written verification of a passing exam score or their DANB certification status. Since DANB has already provided each exam candidate with two copies of their exam scores, and DANB certificants receive new certificates and wallet cards each year, the DANB Board has established a fee of \$10 for written verification of passing exam score or current DANB certification status.

This fee applies to requests from dental assistants only. DANB will continue to provide this verification to employers and state regulatory agencies free-of-charge.

13. Options for Reinstatement of DANB Certification – Continuous Versus Discontinuous Certification

DANB certificants must attend at least 12 hours of DANB-accepted continuing dental education annually and pay a renewal fee in order to maintain their certification status. Certificants have a three-month grace period following their annual renewal date within which they must meet DANB Recertification Requirements, or their DANB certification expires and they can no longer refer to themselves as certified or use the DANB acronyms (CDA, COA, CDPMA, or COMSA).

Periodically, individuals who have allowed their DANB certification(s) to lapse wish to reinstate their credential(s). Prior reinstatement options did not allow for reinstatement of continuous DANB certification for those lapsed certificants who reinstated by taking a component of the DANB certification exam for the certification that had lapsed, or the entire certification exam.

At the February 2004 DANB Board meeting, the Board addressed this issue and developed the following policy to clarify methods by which prior DANB certificants could reinstate their certification, depending on whether or not they desired to reinstate continuous certification (i.e., no lapse in dates of certification), or discontinuous certification (i.e., receive a new certification number and new date of certification).

For CONTINUOUS CERTIFICATION:

Reinstatement Program (lapsed between 4 and 12 months)

- Pay administrative fee (\$125)
- Pay back renewal fee(s) for every year lapsed (\$40 pre-2004, \$55 2004 or later (\$45 plus \$10 late fee))
- Provide proof of required continuing dental education (12 credits hours per year for each year lapsed) and current CPR card

Professional Development Examination Program—PDEP (lapsed between 13 and 30 months)

- Pay administrative fee (\$125)
- Pay examination fee (\$65)
- Earn passing score on PDEP examination
- Pay back renewal fee(s) for every year lapsed (\$40 pre-2004, \$55 2004 or later (\$45 plus \$10 late fee))
- Provide proof of required continuing dental education (12 credit hours per year for each year lapsed) and current CPR card

Component (General Chairside) Examination (lapsed 30+ months but not earned more than 5 years ago; the ICE and RHS scores are valid for 5 years)

- Pay administrative fee (\$125)
- Pay examination fee (GC \$130, OA \$165)
- Provide complete application and supporting eligibility documentation/information
- Earn a passing score on GC or OA Examination
- Provide proof of required continuing dental education (12 credit hours per year for each year lapsed) and current CPR card

Full Certification Examination (earned credential more than 5 years ago)

- Pay administrative fee (\$125)
- Pay all back renewal fee(s) for every year lapsed (\$40 pre-2004, \$55 2004 or later (\$45 plus \$10 late fee))
- Provide proof of required continuing dental education (12 credits hours per year for each year lapsed) and current CPR card
- Provide complete exam application and supporting eligibility documentation/information and exam fee (\$225)
- Earn a passing score on the full Certification (CDA) Examination

For DISCONTINUOUS CERTIFICATION:

Component (General Chairside) Examination (lapsed 30+ months but not earned more than 5 years ago; the ICE and RHS scores are valid for 5 years)

- Pay examination fee (GC \$130, OA \$165)
- Provide complete application and supporting eligibility documentation/information
- Earn a passing score on GC or OA Examination

After an individual passes the examination, the individual will receive a **NEW** original date of Certification (date the GC Exam was passed) and receive a **NEW** Certification Number.

Full Certification Examination (earned credential more than 5 years ago)

- Pay examination fee (\$225)
- Provide complete application and supporting eligibility documentation/information
- Earn a passing score on the full Certification (CDA) Examination

After an individual passes the examination, the individual will receive a **NEW** original date of Certification (date the CDA Exam was passed) and receive a **NEW** Certification Number.

DANB Board Focus

14. Election of Director to the DANB Board – ADA Representative

DANB's Board of Directors has two ADA representatives – currently Tommy Harrison, DDS (TX) and James Watkins, DDS (VA). According to DANB's Bylaws, DANB should elect a new ADA representative at the Winter 2004 meeting, to assume the directorship when Dr. Watkins' second term expires at the close of the August 2004 DANB Board meeting.

The ADA provided DANB with a slate of three highly qualified candidates. DANB's Board elected Dr. Howard Bell, a general practitioner from Florida, to this position. Dr. Bell has served on the Florida Dental Association's Council on Dental Education, and has served as a Florida delegate to the ADA House of Delegates. Among other responsibilities, Dr. Bell has worked with the ADA Council on Dental Practice when this Council evaluated ways to increase the number of qualified auxiliaries in the U.S.

Dr. Bell's first of two possible three-year terms on the DANB Board will begin at the close of the August 2004 DANB Board meeting (at which he will receive orientation to the Board process), and expire at the close of the August 2007 DANB Board meeting.

15. Board Governance Update

DANB's mission is

To promote the public good by providing credentialing services to the dental community.

By following John Carver's philosophy of Board Governance, DANB currently meets its mission by managing its work to address these five Ends statements:

1. Properly governed, financially secure, administratively sound organization
2. Valid dental assisting credentialing examinations
3. Dental assisting recertification process integrity
4. Visible, valuable and accessible DANB credentials
5. Testing services for groups within the dental community as deemed appropriate

DANB's Ends are tied to DANB's mission. Over the past seven years, DANB has positioned itself as a resource on dental assisting issues. To ensure that all DANB activities are mission-driven, all should be able to be linked directly to at least one End. Therefore, the DANB Board added a sixth End directly reflecting these activities that are more global - resource or information-oriented - and are very important to the field of dental assisting.

New 6th DANB End:

6. *Information services for the dental assisting profession relating to credentialing and recertification.*

16. Dates of Upcoming DANB Board Meetings

The DANB Board of Directors will hold its Annual Meeting August 20-22, 2004 and its Winter Meeting February 4-5, 2005.

Submitted By

*Carla Schneider, CDA, RDA
Secretary, DANB Board of Directors*

March 5, 2004

Distribution List

American Dental Association (Judy Nix and Diane Boehm, Council on Dental Education and Licensure; Karen Hart and Sherin Tooks, Commission on Dental Accreditation)
American Dental Assistants Association (Larry Sepin, Executive Director; Kay Mosley, President)
American Association of Dental Examiners (Molly Nadler, Executive Director)
American Dental Education Association (N. Karl Haden Associate Executive Director)
Academy of General Dentistry (Gerald D. "Jay" Donohue, CAE, CMP, Executive Director)
American Association of Orthodontists (Thomas Watters, Executive Director)
Executive Directors or Administrators, State Boards of Dentistry