

North Dakota Allowable and Prohibited Duties for Dental Assistants

At-a-glance information includes a dental assisting career ladder and job titles, radiography requirements, education and exam requirements, delegable functions and supervision levels, and prohibited functions.

These data are presented for informational purposes only and are not intended as a legal opinion regarding dental practice in any state. DANB confers with each state's dental board annually or when changes occur regarding the accuracy and currency of this information. To verify, or if you have any questions, please contact your state's dental board.



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- State requirements and functions chart
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- Appendix B: information about supervision levels for dental assistants



NORTH DAKOTA State-approved 3/17/2023

State Career Ladder

There are five recognized levels of dental assistants in North Dakota. See the following pages for details about requirements and allowed functions for each level. Numbers for each level are provided for internal reference and do not correspond to specific state designations.



Other Specialized Dental Assistant Categories

This state allows dental assistants meeting requirements in the following specialized categories to perform sets of functions specific to those categories. See requirements and functions for these categories on the indicated pages.

Anesthesia A

See page 130

State Radiography Requirements

To legally operate dental x-ray equipment and perform dental radiographic procedures in North Dakota, one must be a Registered Dental Assistant or Qualified Dental Assistant (see requirements on the following pages).

State Radiography Requirements

Prohibited

Other Levels

Functions NOT Permitted by Dental Assistants in North Dakota

Functions with numbers correspond to functions included in a 2002-2005 study of dental assisting core competencies. See page 11 for more information.

The following functions are not permitted by any level of dental assistant:

- 20. Scaling, root planing or gingival curettage
- 34. Place bases or cavity liners
- 40. Apply pit and fissure sealants (unless requirements have been met)
- Diagnosis and treatment planning
- Surgery on hard or soft tissue
- Administer local anesthetics, sedation or general anesthesia drugs or titrate local anesthetics, sedation or general anesthesia drugs without board authorized permit
- · Initiate the administration of nitrous oxide to a patient
- · Any irreversible dental procedure or procedures which require the professional judgment and skill of a licensed dentist
- · Adjust a crown which has been cemented by a dentist
- · Activate any type of orthodontic appliance or fabricate orthodontic impressions for an individual who is not a patient of record
- · Cement or bond orthodontic bands or brackets that have not been previously placed by a dentist
- · Measure the gingival sulcus with a periodontal probe
- Use a high-speed handpiece inside the mouth
- Unless authorized by permit in accordance with North Dakota code, monitor a patient who has been induced to a level of moderate sedation, deep sedation, or general anesthesia until the dentist authorized by permit to administer sedation or anesthesia determines the patient may be discharged for recovery
- · Produce on a patient of record, a final scan by digital capture for review by the authorizing dentist for a prescriptive fixed or removable appliance

State-approved 3/17/2023

Dental Assistant

Education, Training and Credential Requirements

A dental assistant in North Dakota may perform basic supportive dental procedures specified by the state dental practice act (see below) under the supervision of a licensed dentist.

Every dental assistant in North Dakota must have a current certificate of proficiency in cardiopulmonary resuscitation.

Allowable Functions

Functions with numbers correspond to functions included in a 2002-2005 study of dental assisting core competencies. See page 11 for more information.

Under Direct Supervision*

- 37. Take and record pulse, blood pressure, and temperature
- 39. Receive removable dental prosthesis for cleaning or repair
- 44. Take impressions for study casts
- 48. Retract patient's cheek, tongue, or other tissue parts during a dental procedure.
- 48. Isolate the operative field, not to include rubber dams.
- 56. Apply topical medications and drugs to oral tissues, including topical anesthetic, but not including desensitizing or caustic agents or anticariogenic agents
- Take and record preliminary dental medical history for the interpretation by the dentist
- Hold impression trays in the mouth (e.g., reversible hydrocolloids, rubber base)
- Hold a curing light for any dental procedure. Curing lights may not include a laser capable of cutting, burning, or damaging hard or soft tissue or for electrosurgery for tissue retraction
- Remove such debris as is normally created in the course of treatment during or after dental procedures by vacuum devices, compressed air, mouthwashes, and water

2 Qualified Dental Assistant (QDA)

Education, Training and Credential Requirements

To earn status as a Qualified Dental Assistant (QDA) in North Dakota, one must:

- I. a. Complete 300 hours of on-the-job clinical training and either
 - have passed DANB's National Entry Level Dental Assistant (NELDA) certification within one year prior to application **or** have passed DANB's NELDA certification and completed, within two years prior to application, 16 hours of continuing education
 - OR
 - b. Pass DANB's NELDA certification and the North Dakota Department of Career and Technical Education dental assisting education program association

OR

- c. Successfully complete a North Dakota board-approved equivalent course within one year prior to application
- AND

Requirements

- II. Pass a written examination of the laws and rules governing the practice of dentistry in North Dakota within one year of application AND
- III. Maintain current CPR certification

AND

IV. Provide verification of completing an infection control course within two years prior to application (if passing DANB's ICE exam occurred more than two years prior to application)

AND

V. Apply to the NDSBDE

Allowable Functions

Functions with numbers correspond to functions included in a 2002-2005 study of dental assisting core competencies. See page 11 for more information.

Under Direct Supervision*

previous page)

- 22. Take dental radiographs (see "Radiography Requirements" on
- Allowable
- All duties designated to Dental Assistants

*Direct Supervision: The dentist is physically present in the dental office or treatment facility, personally diagnoses the condition to be treated, personally authorizes the procedures and remains in the dental office or treatment facility while the procedures are being performed by the dental assistant, and, before dismissal of the patient, evaluates the performance of the dental assistant.

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Requirements

Allowable

Registered Dental Assistant (RDA)

Education, Training and Credential Requirements

To earn status as a Registered Dental Assistant (RDA) in North Dakota, one must:

- I. a. Within one year prior to application, have passed DANB's national Certified Dental Assistant (CDA) exam **or** have completed a CO-DA-accredited or North Dakota board-approved dental assisting program
 - OR
 - b. Have passed DANB's national CDA exam or have completed a CODA-accredited or North Dakota board-approved dental assisting program (more than one year prior to application)
 AND
 - Have completed 16 hours of continuing education within two years prior to application

OR

c. Have passed an examination administered by the Joint Commission on National Dental Examinations (JCNDE) or the dental hygiene certification board of Canada (FDHRC) *and* have completed 16 hours of continuing education within two years prior to application

AND

- III. Pass a written examination of the laws and rules governing the practice of dentistry in North Dakota within one year of application AND
- IV. Maintain current CPR certification

AND

V. Provide verification of completing an infection control course within two years prior to application (if graduation from approved program or passing DANB's CDA exam occurred more than two years prior to application)

AND

V. Apply for registration to the North Dakota State Board of Dental Examiners (NDSBDE)

Allowable Functions

Functions with numbers correspond to functions included in a 2002-2005 study of dental assisting core competencies. See page 11 for more information.

Under General Supervision*

- 9. Polish the coronal surfaces of the teeth with a rubber cup or brush
- 13. Remove sutures
- 15. Place and remove arch wires or appliances that have been activated by a dentist
- 15, 42. Place, tie, and remove ligature wires and elastic ties, and place orthodontic separators
- 18, 56. Apply topical medications and drugs to oral tissues, including topical anesthetic and topical fluoride, fluoride varnish, silver diamine fluoride, and desensitizing agents but not including caustic agents
- 22. Take dental radiographs
- 24. Provide oral hygiene education and instruction.
- 29 Preselect and prefit orthodontic bands.
- 37. Take and record pulse, blood pressure, and temperature
- 44. Take impressions or occlusal bite registrations for study casts
- 44. Take impressions for fixed or removable orthodontic appliances, athletic mouth guards, bleaching trays, bite splints, flippers, and removable prosthetic repairs
- 47, 54. Fabricate, adjust, place, recement or remove a temporary crown, bridge, or onlay or temporary restorative material. This

Under Indirect Supervision, on a patient of record

- 6. Place retraction cord in the gingival sulcus of a prepared tooth prior to the dentist taking an impression of the tooth
- 14. Dry root canal with paper points 27. Place and remove rubber dams
- 29. Place orthodontic brackets using an indirect bonding technique by seating the transfer tray loaded with brackets previously positioned in the dental laboratory by a licensed dentist.
- 35, 62, 63. Place and remove periodontal dressings

applies only to dentitions actively under treatment for which a permanent restoration is being fabricated

- 49 Perform nonsurgical clinical and laboratory diagnosis tests, including pulp testing, for interpretation by the dentist
- Cut and remove arch wires or replace loose bands, loose brackets or other orthodontic appliances for palliative treatment
- Polish restorations with a slow-speed handpiece
 Take and record preliminary dental and medical history for the
- Take and record preliminary dental and medical history for the interpretation by the dentist
- Receive removable dental prosthesis for cleaning or repair
- Provide an oral assessment for interpretation by the dentist
- Repack dry socket medication and packing for palliative treatment
- Provide screenings for the early identification of individuals at potentially high risk for a specific condition or disorder (a screening is neither diagnostic nor a definitive indication of a specific condition and does not involve making diagnoses that lead to treatment plans)
- Adjust a temporary denture or partial for dentitions actively under treatment for which permanent dentures or partial dentures are being fabricated
- 59. Monitor a patient who has been inducted by a dentist into nitrous oxide inhalation analgesia
- 61. Remove excess cement from inlays, crowns, bridges and orthodontic appliances with hand instruments or a slow-speed handpiece
- Apply bleaching solution, activate light source, and monitor and remove bleaching materials.

Allowable functions for this level continued on next page

*General Supervision: The dentist has authorized the procedures and they are carried out in accordance with the dentist's diagnosis, and treatment plan. The dentist is not required to be in the treatment facility. A new patient who has not been examined by the authorizing dentist may be seen by a dental hygienist authorized to provide duties under general supervision. Indirect Supervision: The dentist is in the dental office or treatment facility, has personally diagnosed the condition to be treated, authorizes the procedures, and remains in the dental office or treatment facility while the procedures are being performed by the dental assistant.

Allowable

Allowable Functions for Registered Dental Assistant (RDA), continued

Functions with numbers correspond to functions included in a 2002-2005 study of dental assisting core competencies. See page 11 for more information.

Under Direct Supervision*

- 3. Orally transmit a prescription that has been authorized by the supervising dentist
- 45. Place and remove matrix bands and wedges
- Take face bow transfers
- Acid-etch enamel surfaces prior to direct bonding of orthodontic brackets or composite restorations
- · Adjust permanent crowns outside of the mouth
- Administer emergency medications to a patient in order to assist the dentist in an emergency
- Hold impression trays in the mouth (e.g., reversible hydrocolloids, rubber base).

Indirect Supervision

Terminate or reduce the amount of nitrous oxide previously administered by the authorized nitrous oxide inhalation analgesia provider

4 Registered Dental Assistant (RDA) qualified to apply pit and fissure sealants

Education, Training and Credential Requirements

To apply pit and fissure sealants in North Dakota under the direct supervision of a licensed dentist, a dental assistant must:

I. Be a Registered Dental Assistant

AND

II. Provide documentation of a successful completion of a North Dakota board-approved sealant course

Allowable Functions

Functions with numbers correspond to functions included in a 2002-2005 study of dental assisting core competencies. See page 11 for more information.

Under General Supervision*

40. Apply pit and fissure sealants and adjust sealants with a slowspeed handpiece

Requirements

Allowable

Allowable

Registered Dental Assistant with Restorative Functions Permit

Education, Training and Credential Requirements

To earn a permit **to perform specified restorative functions** under the direct supervision of a dentist, a Registered Dental Assistant must:

- I. a. Complete a board-approved curriculum from a program accredited by the Commission on Dental Accreditation or other board-approved course **AND**
 - b. Pass the Western Regional Examining Board (WREB) Restorative Examination or other equivalent examinations approved by the board within the five years preceding application

The Board may require completion of the Restorative Function (RF) component of DANB's Certified Restorative Functions Dental Assistant (CRFDA) certification exam

OR

- II. a. Pass the WREB Restorative Examination or other board-approved examination more than five years from the date of application **AND**
 - b. Complete the RF component of DANB's CRFDA certification examination AND
 - c. Provide evidence from another state or jurisdiction where the applicant legally is or was authorized to perform restorative functions and certification from the supervising dentist of successful completion of at least 25 restorative procedures within the immediate five years prior to the date of application

Note: Restorative functions may be performed only after the patient has given informed consent for placement of the restoration by a restorative functions dental assistant; before the patient is released, the final restoration shall be checked and documented by the supervising dentist.

Allowable Functions

Functions with numbers correspond to functions included in a 2002-2005 study of dental assisting core competencies. See page 11 for more information.

Under Direct Supervision*

- 12, 51.Place, carve, and adjust class I, II and class V supragingival amalgam or glass ionomer restorations with hand instruments or a slow-speed hand**
- 33. Place, contour, and adjust class I, II and class V supragingival composite restorations where the margins are entirely within the enamel with hand instruments or a slow-speed handpiece.

70. Adapt and cement stainless steel crowns

**An RDA with a restorative functions permit may perform the placement and finishing of direct alloy or direct composite restorations after the supervising dentist has prepared the dentition for restoration.

NORTH DAKOTA (ANESTHESIA ASSISTING)

State-approved 3/17/2023

Dental Anesthesia Assistant

Education, Training and Credential Requirements

To provide supportive anesthesia care, a dental anesthesia assistant must possess the expertise to do so in a safe and effective manner and receive education in the perioperative and emergent care management of patients undergoing dental office sedation and anesthesia.

Allowable Functions

• Provide supportive anesthesia care

Registered Dental Assistant or Dental Anesthesia Assistant with Anesthesia Assisting Permit

Education, Training and Credential Requirements

To be authorized **to perform specified anesthesia assisting functions** under the supervision of a dentist authorized by permit to provide moderate sedation, deep sedation or general anesthesia, a Registered Dental Assistant or Dental Anesthesia Assistant may earn a Class I or a Class II anesthesia assistant permit.

To earn a **Class I anesthesia assistant permit**, a Registered Dental Assistant or Dental Anesthesia Assistant must:

I. Complete a board-approved dental anesthesia assistant education and training course

AND

II. Submit proof of current certification status from the American Association of Oral and Maxillofacial Surgeons dental anesthesia assistant national certification, or a board-approved competency examination

AND

Requirements

III. Hold current and valid certification for health care provider basic life support, or advanced cardiac life support or pediatric advanced life support

AND

IV. Provide a copy of a valid North Dakota general anesthesia, deep sedation, or moderate sedation permit of the dentist where the registered dental assistant will be performing anesthesia assistant services

AND

V. Apply to the North Dakota Board of Dental Examiners for a Class I anesthesia assisting permit

To earn a Class II anesthesia assistant permit, a Registered Dental Assistant or Dental Anesthesia Assistant must:

- I. Complete all requirements for a Class I anesthesia assistant permit (see requirements above) AND
- II. Complete training in intravenous access or phlebotomy that includes live experience starting and maintaining intravenous lines AND
- III. Apply to the North Dakota Board of Dental Examiners for a Class II anesthesia assisting permit

Allowable Functions

Functions with numbers correspond to functions included in a 2002-2005 study of dental assisting core competencies. See page 11 for more information.

A registered dental assistant or dental anesthesia assistant authorized by permit and **under the** <u>contiguous supervision</u>* of a dentist authorized by permit to provide moderate sedation, deep sedation or general anesthesia may:

- Initiate and discontinue an intravenous line for a patient being prepared to receive intravenous medication, sedation or general anesthesia
- Adjust the rate of intravenous fluids infusion only to maintain or keep the line patent or open
- Prepare anesthesia equipment and perform patient monitoring
- Assist with emergency treatment and protocols
 - Allowable functions for this level continued on next page

*Contiguous Supervision: The dentist whose patient is being treated has personally authorized the procedures to be performed. The supervising dentist is continuously onsite and physically present in the treatment facility while the procedures are performed by the qualified dental staff member and capable of responding immediately in the event of an emergency. The term does not require a supervising dentist to be physically present in the operatory.

Direct visual supervision: The dentist is physically present to issue a verbal command and under direct line of sight.

Indirect Supervision: The dentist is in the dental office or treatment facility, has personally diagnosed the condition to be treated, authorizes the procedures, and remains in the dental office or treatment facility while the procedures are being performed by the dental assistant.

NORTH DAKOTA (ANESTHESIA ASSISTING)

Allowable Functions, continued

Functions with numbers correspond to functions included in a 2002-2005 study of dental assisting core competencies. See page 11 for more information.

A registered dental assistant or dental anesthesia assistant authorized by permit and under the direct visual supervision* of a dentist authorized by permit to provide moderate sedation, deep sedation or general anesthesia may:

- Draw up and prepare medications
- Follow instructions to deliver medication into an intravenous line upon verbal command of the supervising dentist
- . Adjust the rate of intravenous fluids infusion beyond a keepopen rate upon verbal command of the supervising dentist
- Adjust an electronic device to provide medications, such as an infusion pump upon verbal command of the supervising dentist

Registered Dental Assistant with Permit in Administering Nitrous Oxide Inhalation Analgesia

Education, Training and Credential Requirements

To earn a permit to administer nitrous oxide inhalation analgesia under the indirect supervision of a dentist, a Registered Dental Assistant must:

- I. a. Complete a twelve-hour, board-approved course of training or course provided by a program accredited by an accrediting body recognized by the U.S. Department of Education within thirteen months prior to application OR
 - b. Complete a twelve-hour, board-approved course of training or course provided by a program accredited by an accrediting body recognized by the U.S. Department of Education more than thirteen months prior to application, have legally administered nitrous oxide inhalation analgesia for a period of time during the three years prior to application, and provide written documentation from an employing or supervising dentist attesting to current clinical proficiency to administer nitrous oxide inhalation analgesia.

AND

II. Hold current and valid certification in basic life support by the American Heart Association for the health care provider, or an equivalent program approved by the board.

Note: Before authorizing a registered dental assistant to administer nitrous oxide inhalation analgesia, the dentist must have provided and documented training in the proper and safe operation of the nitrous oxide inhalation analgesia equipment.

Allowable Functions

Under Indirect Supervision

Administer nitrous oxide inhalation analgesia to a patient who has not taken sedative medications before treatment

*Direct Visual Supervision: The dentist is physically present to issue a verbal command and under direct line of sight. Indirect Supervision: The dentist is in the dental office or treatment facility, has personally diagnosed the condition to be treated, authorizes the procedures, and remains in the dental office or treatment facility while the procedures are being performed by the dental assistant.

Appendix A: Numbering System for Dental Assisting Functions

The following list of 70 dental assisting tasks was developed by the ADAA/DANB Alliance as part of a study of dental assisting core competencies conducted between 2002 and 2005. These selected tasks were determined to be representative of a broad range of dental assisting core competencies.

The numbered functions listed in the preceding state charts correspond to functions that were included in the DANB/ADAA core competencies study and use language directly from the state's dental practice act. The numbers are provided to facilitate comparison between and among states. Functions listed with bullets in the preceding charts are part of the state's practice act but are not specific matches to the functions that were included in the 2002-2005 study.

- 1. Perform mouth mirror inspection of the oral cavity
- 2. Chart existing restorations or conditions
- 3. Phone in prescriptions at the direction of the dentist
- Receive and prepare patients for treatment, including seating, positioning chair and placing napkin
- 5. Complete laboratory authorization forms
- 6. Place and remove retraction cord
- 7. Perform routine maintenance of dental equipment
- 8. Monitor and respond to post- surgical bleeding
- 9. Perform coronal polishing procedures
- 10. Apply effective communication techniques with a variety of patients
- 11. Transfer dental instruments
- 12. Place amalgam for condensation by the dentist
- 13. Remove sutures
- 14. Dry canals
- 15. Tie in arch wires
- 16. Demonstrate knowledge of ethics/ jurisprudence/patient confidentiality
- 17. Identify features of rotary instruments
- 18. Apply topical fluoride
- 19. Select and manipulate gypsums and waxes
- 20. Perform supragingival scaling
- 21. Mix dental materials
- 22. Expose radiographs
- 23. Evaluate radiographs for diagnostic quality
- 24. Provide patient preventive education and oral hygiene instruction
- 25. Perform sterilization and disinfection procedures

- 26. Provide pre- and post-operative instructions
- 27. Place and remove dental dam
- 28. Pour, trim and evaluate the quality of diagnostic casts
- 29. Size and place orthodontic bands and brackets
- 30. Using the concepts of four- handed dentistry, assist with basic restorative procedures, including prosthodontics and restorative dentistry
- 31. Identify intraoral anatomy
- 32. Demonstrate understanding of the OSHA Hazard Communication Standard
- 33. Place, cure and finish composite resin restorations
- 34. Place liners and bases
- 35. Place periodontal dressings
- Demonstrate understanding of the OSHA Bloodborne Pathogens Standard
- 37. Take and record vital signs
- 38. Monitor vital signs
- 39. Clean and polish removable appliances and prostheses
- 40. Apply pit and fissure sealants
- 41. Prepare procedural trays/ armamentaria setups
- 42. Place orthodontic separators
- 43. Size and fit stainless steel crowns
- 44. Take preliminary impressions
- 45. Place and remove matrix bands
- 46. Take final impressions
- 47. Fabricate and place temporary crowns
- 48. Maintain field of operation during dental procedures through the use of retraction, suction, irrigation, drying, placing and removing cotton rolls, etc.

- 49. Perform vitality tests
- 50. Place temporary fillings
- 51. Carve amalgams
- 52. Process dental radiographs
- 53. Mount and label dental radiographs
- 54. Remove temporary crowns and cements
- 55. Remove temporary fillings
- 56. Apply topical anesthetic to the injection site
- 57. Demonstrate understanding of the Centers for Disease Control and Prevention Guidelines
- 58. Using the concepts of fourhanded dentistry, assist with basic intraoral surgical procedures, including extractions, periodontics, endodontics and implants
- 59. Monitor nitrous oxide/oxygen analgesia
- 60. Maintain emergency kit
- 61. Remove permanent cement from supragingival surfaces
- 62. Remove periodontal dressings
- 63. Place post-extraction dressings
- 64. Fabricate custom trays, to include impression and bleaching trays, and athletic mouthguards
- 65. Recognize basic medical emergencies
- 66. Recognize basic dental emergencies
- 67. Respond to basic medical emergencies
- 68. Respond to basic dental emergencies
- 69. Remove post-extraction dressings
- 70. Place stainless steel crown

Appendix B: Levels of Supervision

An important consideration in the discussion of the delegation of tasks to dental assistants is that of supervision of dental assistants by their dentist-employers. The American Dental Association (ADA) has identified five levels of supervision for allied dental personnel, including dental assistants, which it defines in its "Comprehensive Policy Statement on Allied Dental Personnel," (2010: 505) which is part of its *Current Policies*, last updated in 2020. Note that "allied dental personnel" refers to dental assistants, dental hygienists and dental laboratory technicians.

The five levels of supervision defined by the ADA are as follows:

Personal supervision. A type of supervision in which the dentist is personally operating on a patient and authorizes the allied dental personnel to aid treatment by concurrently performing a supportive procedure.

Direct supervision. A type of supervision in which a dentist is in the dental office or treatment facility, personally diagnoses and treatment plans the condition to be treated, personally authorizes the procedures and remains in the dental office or treatment facility while the procedures are being performed by the allied dental personnel, and evaluates their performance before dismissal of the patient.

Indirect supervision. A type of supervision in which a dentist is in the dental office or treatment facility, has personally diagnosed and treatment planned the condition to be treated, authorizes the procedures and remains in the dental office or treatment facility while the procedures are being performed by the allied dental personnel, and will evaluate the performance of the allied dental personnel.

General supervision. A type of supervision in which a dentist is not required to be in the dental office or treatment facility when procedures are provided, but has personally diagnosed and treatment planned the condition to be treated, has personally authorized the procedures, and will evaluate the performance of the allied dental personnel.

Public Health Supervision. A type of supervision in which a licensed dental hygienist may provide dental hygiene services, as specified by state law or regulations, when such services are provided as part of an organized community program in various public health settings, as designated by state law, and with general oversight of such programs by a licensed dentist designated by the state.

Furthermore, the ADA's "Comprehensive Policy Statement on Allied Dental Personnel" stipulates that intraoral expanded functions should be performed by allied dental personnel "under the supervision of a dentist."

Because the study of dental assisting core competencies undertaken by the ADAA/DANB Alliance did not address the question of supervision, the ADAA/DANB Alliance has not made any recommendations as to the levels of supervision that should be necessary for the delegation of the tasks included in the study to dental assistants. However, the ADAA/DANB Alliance believes it is important to call attention to the fact that while the ADA has defined supervision levels in the aforementioned policy statement, which governs the ADA's own activities and the activities of its members, these definitions have not been uniformly adopted by the dental boards of every U.S. state or district.

For the purposes of the attached charts, if a state's dental practice act specifically defines levels of supervision, the state-specific definition is noted in the template.

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