



# 2025 COA 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)**

Note: Once you've earned your COA certification, you will need to renew it annually. Visit [DANB's website](#) for more information.



## **DANB Contact, Forms and Policies**

Dental Assisting National Board  
444 N. Michigan Ave., Suite 900  
Chicago, IL 60611-3985

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

1-800-367-3262  
[danbmail@danb.org](mailto:danbmail@danb.org)

Find all of DANB's policies and forms at [www.danb.org/exams/forms-and-policies](http://www.danb.org/exams/forms-and-policies).

DANB accepts 2025 exam applications through Dec. 31, 2025.

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

Earning DANB certification is one of the most important steps you can take in your career. DANB offers national certification exams, exams leading to certificates of knowledge-based competence and state-specific dental assisting exams. When you earn and maintain DANB certification, you demonstrate your professional commitment and show you have gained the education and experience to deliver a high standard of care.

### Candidate Handbook

When applying for an exam, you are responsible for understanding and complying with policies and procedures in the [Candidate Handbook](#).

### Preparing for Your Exam

#### 1. Review the exam outline

The [exam outlines](#) list the topics that will be covered on the exams and can help you identify areas you'll want to study.

#### 2. Select your study materials

Obtain study materials. Options include:

- Suggested reference list (included in exam outlines)
- Textbooks and other reference materials
- The DALE Foundation's [review courses and study aids](#)

#### 3. Make a study plan

See study strategies and exam day tips at [www.danb.org/exams/prepare-for-danb-exams](http://www.danb.org/exams/prepare-for-danb-exams).

### COA Exam Outlines and References

- [Orthodontic Assisting \(OA\)](#)
- [Infection Control \(ICE\)](#)

### Fair Testing Policy

DANB seeks to ensure a fair and equitable testing experience for all individuals while ensuring the security and reliability of the process. Improper behavior is not acceptable before, during or after an exam appointment, and each candidate's behavior is monitored during testing. Consequences of improper behavior may include rescission 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).

We value your feedback and encourage you to share information about your experience. Please email [danbmail@danb.org](mailto:danbmail@danb.org) to provide feedback about your experience, including the application process or your experience on testing day.

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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.

## COA Certification and OA Pathways

To earn COA certification, you must pass the Orthodontic Assisting (OA) and Infection Control (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 outlined below to qualify to take the OA exam.

Once you earn the COA certification, you will be required to renew it annually. Please visit [DANB's website](#) for more information on DANB's certification renewal requirements.

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

### ○ PATHWAY I

Current or former CDA certificant or OR hold a Registered Dental Hygienist (RDH) license AND minimum of at least two years to a maximum of four years of orthodontic assisting work experience; employment must be verified by a licensed orthodontist/dentist. See the Work Experience Statement on page 10 for details.

#### Required Documentation

**Completed Employer Work Experience Statement (WES), signed by a licensed dentist or orthodontist.** Only the Work Experience Statement form found on page 11 of this packet is acceptable documentation. Letters from employers or pay stubs showing hours worked are not acceptable.

**AND**

**Current or former CDA certificant:**

- Certification number

**OR**

**Registered Dental Hygienist:**

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

### ○ PATHWAY II

Minimum of at least two years to a maximum of four years of orthodontic assisting work experience; employment must be verified by a licensed orthodontist/dentist. See the Work Experience Statement on page 10 for details.

#### Required Documentation

**Completed Employer Work Experience Statement (WES), signed by a licensed dentist or orthodontist.**

Only the Work Experience Statement form found on page 11 of this packet is acceptable documentation. Letters from employers or pay stubs showing hours worked are not acceptable.

**AND**

**High school graduation or equivalent:**

- Copy of diploma, GED certificate or copy of a transcript mailed in a sealed envelope from the school from an institution recognized in the U.S. or Canadian 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
- Copy of an equivalency report from any member of the [National Association of Credential Evaluation Services](#)

### ○ PATHWAY III

Current 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

**AND**

##### Completion of an orthodontic preparation course

- Copy of diploma/certificate or copy of a transcript including the date of completion

### ○ PATHWAY IV

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

#### Required Documentation

##### Former COA certificant

- Certification number

**OR**

##### 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

**OR**

##### 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

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

#### Required Documentation

Copy of the certificate or front and back of the card that includes issue and expiration dates, instructor's name and your name and/or signature. Must be current at time of application and exam. DANB issues a 60-day eligibility window upon authorizing the exam. CPR, BLS or ACLS must be current through the entire 60-day window.

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 Care Association\*
- American CPR Training
- American Emergency Response Training
- American Environmental Health and Safety
- American Health Care Academy\*
- American Heart Association
- American Red Cross
- Canadian Red Cross
- Emergency Care and Safety Institute
- Emergency First Response
- Emergency Medical Training Associates
- Emergency University\*
- Medical Training Associates
- Military Training Network
- National Safety Council (Green Cross)
- Pacific Medical Training (BLS only through <https://911coned.com>)
- ProCPR\*
- Saudi Heart Association
- Save a Heart of Utah
- The Health and Safety Institute (HSI). This organization includes the following providers, which are all DANB approved:
  - American Safety and Health Institute (ASHI)
  - EMS Safety (EMS)
  - MEDIC First Aid

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

## Exam Timeline



## DANB ID Policy

When taking an exam, you must present one form of identification (ID) at your exam appointment.

Your ID must be:

- Currently valid, non-expired
- Photo-bearing
- In Roman characters
- Government-issued
- Signature-bearing
- The exact name as listed in your online DANB account

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

If the name listed on your account does not exactly match your ID, a Name Change Request must be processed through your DANB Dashboard with acceptable documentation. Contact DANB if any assistance is needed.

Acceptable forms of identification include:

- U.S. driver’s license
- Valid passport
- Military ID card
- U.S. ID card/State ID card
- A U.S. government-issued permanent resident card

Candidates who are under the age of 18 taking an online proctored exam are permitted to present a valid student ID as a form of identification, as long as their parent or legal guardian presents a DANB-accepted form of ID during check-in. In addition, for exams administered through online proctoring, the candidate’s guardian must provide verbal consent during the check-in process.

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

## Nondiscrimination Policy

DANB does not discriminate in application, examination, or certification activities on the basis of age, sex, gender identity, gender expression, pregnancy, ancestry, marital status, citizenship or immigration status, status as a veteran, race, ethnicity, color, religion, national origin, sexual orientation, other non-medically relevant factors, physical, mental or other disability, or medical condition.

## Accommodations for Candidates with Documented Disabilities

Please see the [Reasonable Accommodations form](#) for complete information on accommodations. Accommodations requests must be received with original application/prior to authorization.

## Scheduling an Exam Appointment

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

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

## Canceling or Rescheduling an Exam Appointment

All exams can be canceled or rescheduled online through Pearson VUE. Exams scheduled at a test center can be canceled or rescheduled up to 24 hours before the appointment time. Online proctored exams can be canceled or rescheduled up until the time of the exam. To cancel or reschedule your exam, please follow the steps below:

1. Log in to your DANB account to access your DANB Dashboard.
2. Select the exam you would like to reschedule under the heading “Applications in Process.”
3. Click the “Schedule Exam” button.
4. Select your upcoming exam appointment within your Pearson VUE Dashboard.
5. Follow the prompts to cancel or reschedule your exam. Don’t forget the last step, which includes a “Confirm” button.
6. Verify your new appointment or cancellation details in the automated email sent from Pearson VUE. If you did not receive an email from Pearson VUE, your exam appointment has not been canceled or rescheduled.

## Requesting a New Testing Window

If you cannot schedule or reschedule an exam appointment before the end of your original 60-day testing window, you may request a new 60-day testing window **one time**. The request must be submitted within 60 days after the end of your original testing window. If you do not take the exam within the new testing window, you must submit a new exam application with any required documentation and full fees. Any testing window received at a reduced fee is not eligible for a refund. For additional information, please see the required [Request a New Testing Window form](#).

## Canceling a Testing Window and Requesting 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 submit a [Request to Cancel a Testing Window form](#). For additional information, please see the required [form](#).

## Missed Exam Appointment

Any exam that is missed for any reason other than a documented emergency may be rescheduled at a reduced fee ONE TIME by submitting the [Missed Exam Form](#) and payment within 60 days of the Missed Exam date. The new testing window will start immediately upon successful submission of the request.

Exams are considered missed if the candidate was not able to take the scheduled exam for any reason. This includes but is not limited to: arriving late, providing an unacceptable ID, confusion over appointment details, and any technical or testing environment issues for online testing.

If the candidate does not submit the request within 60 days, they must reapply for the exam with the full fee.

**For online proctored exams:** You must complete the check-in process no later than 15 minutes after the start of your scheduled exam appointment or your appointment will be declared missed. During the exam check-in process, if there are any technical issues, including an unstable internet connection, or you cannot meet the setup procedures, it may delay the check-in process and/or cause you to miss your scheduled exam. Exams can only be held for 15 minutes past the exam start time, so it is your responsibility to ensure that all necessary check-in steps have been successfully completed prior to that time to begin exam delivery. If you experience internet problems during your exam, such as an unstable internet connection, the exam may not be successfully delivered. If this happens, your exam will be recorded as missed and no refund will be provided.

## Missed Exam Appointment Due to Emergency

At discretion, DANB may issue candidates a new 60-day testing window with no additional cost for qualifying emergencies. To submit a request for a new testing window, following an emergency, you must:

1. Access the exam application on your DANB Dashboard by clicking the name of the missed exam, AND
2. Submit a request with a description of your emergency with dated supporting documentation within 60 days of the missed exam appointment.

Requests will be reviewed within 3-5 business days. Approved requests will receive a new 60-day testing window at no additional fee. If an emergency is denied, please see Missed Exam Appointment section above.

## Application Statements

Please read the following Application Statements carefully. The Application Statements apply to all DANB-administered national and state-specific exams, certificate and certification renewal applications. The candidate's signature on the application indicates understanding and agreement to be legally bound by these statements.

1. I hereby apply to the Dental Assisting National Board, Inc. (DANB) for examination, a certificate and/or certification, in accordance with and subject to the procedures and policies of DANB and the regulations and requirements of any state agency on behalf of which DANB administers an exam or certificate program. 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 the Candidate Handbook or State Candidate Handbook if applicable, covering eligibility for and the administration of exams, certificates, the certification process, and DANB policies, including but not limited to DANB's Code of Professional Conduct and DANB's Disciplinary Policy & Procedures. I agree to disqualification from the exam, to denial of an exam result, certificate or certification, and to forfeiture and return to DANB of any exam result, 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 policies. I agree to comply with any investigation in which I am named, and I authorize DANB to make whatever inquiries and investigations it deems necessary to verify my eligibility, 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 administered by DANB, any scoring relating thereto, the failure to issue me an exam result, certificate, or any demand for forfeiture or return of such exam result, 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 credentialing activities which include all DANB-administered exams and certificates. I UNDERSTAND THAT THE DECISION AS TO WHETHER I HAVE MET REQUIREMENTS FOR ADMISSION TO A DANB-ADMINISTERED EXAM OR RECEIPT OF A DANB-ADMINISTERED EXAM RESULT, CERTIFICATE OR CERTIFICATION RESTS SOLELY AND EXCLUSIVELY WITH DANB AND THAT THE DECISION OF DANB IS FINAL. Notwithstanding the above, should I file suit against DANB, I agree that any such action shall be governed by and construed under the laws of the State of Illinois without regard to conflicts of law. I further agree that any such action shall be brought in the Circuit Court of Cook County in the State of Illinois, or the United States District Court for the Northern District of Illinois; I consent to the jurisdiction of such state and federal courts; and I agree that the venue of such courts is proper. I further agree that should I not prevail in any such action, DANB shall be entitled to all costs, including reasonable attorneys' fees, incurred in connection with the litigation.
3. I understand that except as provided below, this application and any information or material received or generated by DANB in connection with this application or the exam process will be kept confidential and will not be released unless I have authorized such release or the release is required by law. I understand that DANB will verify receipt of any DANB exam application and the date received, on request. I further understand and agree that DANB may also provide verification to anyone by phone, by mail or on DANB's website regarding whether I hold any 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 DANB-administered credentials 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, 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 and phone number on the application form, or by providing it through my online DANB account, I am consenting to receive email or text messages from DANB and its official affiliates related to their products and services or news affecting the oral healthcare profession. I understand that DANB agrees not to provide my email address to any other third party, excluding federal, national or state regulatory bodies, 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 and credential status to state regulatory agencies. Individuals cannot opt out of DANB release of exam results or credential status to state regulatory agencies. I also authorize DANB to use information from my application and exam(s) for statistical analysis, providing that any personal identification is deleted.
6. I understand that I can be disqualified from taking or continuing to sit for an exam, from receiving exam results or certificate and from obtaining certification if DANB determines through proctor observation, statistical analysis or any other means that I was engaged in collaborative, disruptive or other unacceptable behavior before, during the administration of, or following the exam.
7. I understand that the content of all 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. I agree to comply with any investigation regarding my behavior, acts or omissions, related to DANB exams, certificates and/or certifications.
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

DANB is committed to promoting public safety by providing credentialing services to the dental community. To take DANB exams and earn DANB credentials, candidates should embody professional values that are in the best interest of patients.

Responses to the Background Information Questions (BIQs) allow DANB to make informed decisions regarding our credentials and ultimately the safety of our stakeholders. Requiring answers to the BIQs supports DANB's mission by removing or restricting the use of credentials to those who exhibit behavior inconsistent with DANB's Code of Professional Conduct.

National exam, certification renewal, certification reinstatement, 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 their 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 – DANB NATIONAL EXAM APPLICATIONS

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

- In the last five years, have you been convicted of, or pled guilty to, 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 or employer for cheating, violating an educational institution's or other organization's code of conduct or similar document, 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.





# 2025 Certified Orthodontic Assistant (COA) or Orthodontic Assisting (OA) Exam

This application will be accepted through Dec. 31, 2025.



For quicker, more efficient processing, apply online at [www.danb.org](http://www.danb.org)

## Instructions and Information

1. **The application is two pages.** Be sure to complete all sections of both pages.
2. Please type or use pen if you are completing a paper application.
3. Candidate must sign, date, answer all background information questions, and submit all required documentation and fees to DANB.
4. 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.
5. Mail or email completed application and documentation to DANB. Full payment is required at the time of application.

## Exam and Candidate Information

### Exam Selection

Which exam are you applying for? (Check only one.)  COA exam (OA and ICE exams taken together)  OA exam only

### Candidate Information

In what state do you work?   Last 4 SSN     Date of Birth   /   /

\* Are you 18 years of age or older?  Yes  No *If you are under the age of 18 and applying for an exam that offers online remote proctoring, you will be required to submit the Parent/Guardian Consent Form, available at [www.danb.org](http://www.danb.org).*

### Name (must match current ID exactly or you may be turned away from your appointment):

\* Last  \* First  Middle Name/Initial

\* Email (required)  Prior Name (if applicable)

\* Home Address  \* City  \* State   \* Zip

\* Phone Numbers (at least one is required):  
Office  Cell or Home

Answers to the below questions are required. By providing your education and work experience information, you are helping DANB better serve and understand the background of our dental assisting community.

### Education Information

Did you complete a dental assisting program or course?

Yes  No  Currently attending

If yes, what type of dental assisting education do you have?

- Dental assisting program at a college or university
- Dental assisting program at a vocational school
- Dental assisting program or courses at a high school
- Weekend or 2-day course
- Other/unsure

School code

Look up at [www.danb.org/career-center/school-search](http://www.danb.org/career-center/school-search)

School name

In what year did/will you graduate or complete your education? If you did not complete your education, list the last year attended.

### Work Experience Information

Do you have dental assisting work experience, **excluding** clinical hours that are part of a dental assisting program?

Yes  No

How many years and months of work experience do you have?

years  months

### Eligibility Pathway

Please see p. 3 for details on pathways and required documentation.

#### Pathway I

- DANB certification #  or RDH license
- Employer Work Experience Statement (submit completed p. 11) AND
- CPR, BLS or ACLS card (submit copy of front and back)

#### Pathway II

- Employer Work Experience Statement (submit completed p. 11) 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 #  or D.D.S. or D.M.D. program (submit proof of graduation) AND
- CPR, BLS or ACLS card (submit copy of front and back)



# 2025 Certified Orthodontic Assistant (COA) or Orthodontic Assisting (OA) Exam

Application continued from previous page. Please ensure all sections on the previous page are complete.

## Signature and Payment Information

### Signature and Date

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 affirm that I will abide by the security protocols of DANB's testing vendor(s), including a palm vein scan at the testing center. 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

### Background Information Questions

Read the questions in their entirety on page 8. If you checked Yes for any question, you must include required documentation.

- In the last five years, have you been convicted of any felonies or are you currently serving any sentences for felony convictions?  
 No  Yes
- Have you ever been disciplined by a regulatory board, certifying or examination agency, or education institution?  
 No  Yes
- Have you ever been declared mentally incompetent by a court of law?  
 No  Yes

### Payment

Candidate's Name

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

#### COA Exam Fee    OA Exam Fee

Traditional candidate:	\$450	\$320
Active military personnel:	\$425	\$315

Exam fees include the \$75 nonrefundable application fee

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

Email

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 they registered and has not canceled the exam as described in this packet is still required to pay for the exam. (See the Application Statements for further requirements.)

Mail: DANB • 444 N. Michigan Ave., Suite 900 • Chicago, IL 60611  
Questions? 1-800-367-3262 or danbmail@danb.org

Email application to: [financefax@danb.org](mailto:financefax@danb.org)  
Do not submit twice or you will be charged twice.



# 2025 Employer Work Experience Statement (COA/OA Exam-Pathway I or II)

This form will be accepted through Dec. 31, 2025.

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

Email (required)

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

Dates of previous employment: From  /  To  /

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, they must still possess a basic understanding of them in order to increase their likelihood of success on the exam. If the candidate lacks training in or has not demonstrated basic knowledge of all areas listed below, they are 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. 3 for required documentation.



# 2025 Infection Control (ICE) Exam

This application will be accepted through Dec. 31, 2025.



For quicker, more efficient processing, apply online at [www.danb.org](http://www.danb.org)

## Instructions and Information

1. **The application is two pages.** Be sure to complete all sections of both pages.
2. Please type or use pen if you are completing a paper application.
3. Candidate must sign, date, answer all background information questions, and submit all required documentation and fees to DANB.
4. 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.
5. Mail or email completed application and documentation to DANB. Full payment is required at the time of application.

## Exam and Candidate Information

### Candidate Information

In what state do you work?   Last 4 SSN     Date of Birth   /   /

\* Are you 18 years of age or older?  Yes  No *If you are under the age of 18 and applying for an exam that offers online remote proctoring, you will be required to submit the Parent/Guardian Consent Form, available at [www.danb.org](http://www.danb.org).*

**Name (must match current ID exactly or you may be turned away from your appointment):**

\* Last  \* First  Middle Name/Initial

\* Email (required)  Prior Name (if applicable)

\* Home Address  \* City  \* State   \* Zip

\* Phone Numbers (at least one is required):

Office  Cell or Home

Answers to the below questions are required. By providing your education and work experience information, you are helping DANB better serve and understand the background of our dental assisting community.

### Education Information

Did you complete a dental assisting program or course?

Yes  No  Currently attending

If yes, what type of dental assisting education do you have?

- Dental assisting program at a college or university
- Dental assisting program at a vocational school
- Dental assisting program or courses at a high school
- Weekend or 2-day course
- Other/unsure

School code

Look up at [www.danb.org/career-center/school-search](http://www.danb.org/career-center/school-search)

School name

In what year did/will you graduate or complete your education? If you did not complete your education, list the last year attended.

### Work Experience Information

Do you have dental assisting work experience, **excluding** clinical hours that are part of a dental assisting program?

Yes  No

How many years and months of work experience do you have?

years months

**Application continues on next page.**



# 2025 Infection Control (ICE) Exam

Application continued from previous page. Please ensure all sections on the previous page are complete.

## Signature and Payment Information

### Signature and Date

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 affirm that I will abide by the security protocols of DANB's testing vendor(s), including a palm vein scan at the testing center. 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

### Background Information Questions

Read the questions in their entirety on page 8. If you checked Yes for any question, you must include required documentation.

- In the last five years, have you been convicted of any felonies or are you currently serving any sentences for felony convictions?  
 No  Yes
- Have you ever been disciplined by a regulatory board, certifying or examination agency, or education institution?  
 No  Yes
- Have you ever been declared mentally incompetent by a court of law?  
 No  Yes

### Payment

DANB use: ICE (3630)

Candidate's Name

#### ICE exam fee

Traditional candidate: \$270  
 Active military personnel: \$265

Exam fees include the \$75 nonrefundable application fee

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

Email

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