

# 2022 COA Application Packet

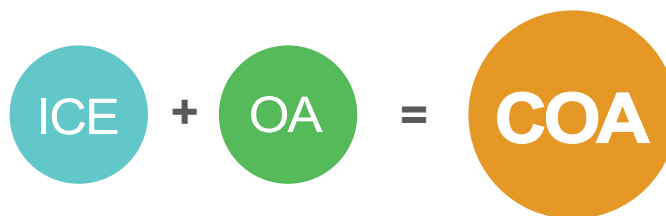
The DANB® CDA exam application packet includes applications for the following exams:

Certified Orthodontic Assistant (COA®)

OA and ICE exams taken in the same administration

Orthodontic Assisting (OA)

Infection Control (ICE®)



DANB accepts 2022 exam applications through Dec. 31, 2022.

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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.

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

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

### Candidate Handbook

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

### Fair Testing Policy

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

### Contact DANB

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

## COA® Certification and OA Pathways

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

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

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

### PATHWAY I

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

#### Required Documentation

**Completed Employer Work Experience Statement (WES), signed by a licensed dentist or orthodontist.** Only the Work Experience Statement form found on page 14 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 3,500 hours orthodontic assisting work experience, accrued over a period of at least two years to a maximum of four years; employment must be verified by a licensed orthodontist/dentist.

#### Required Documentation

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

Only the Work Experience Statement form found on page 14 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 original/ official transcript mailed in a sealed envelope from the school from an institution recognized in the U.S. education system **OR**
- Proof of college or postsecondary coursework at an institution accredited by a U.S. Department of Education-recognized agency

**If high school is outside U.S. and Canada:**

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

### 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 original/official transcript mailed in a sealed envelope from the school

### PATHWAY IV

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

#### Required Documentation

##### **Former COA certificant**

- Certification number

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

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

## Timeline

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

<b>Application processing</b> within 4 weeks	DANB reviews your application and documentation within four weeks. Exams that do not require documentation may be processed more quickly.
<b>Testing window</b> 60 days	Upon application approval, you will be emailed a link to schedule an exam appointment. This link is also available in your DANB account. You have a 60-day testing window in which to schedule and take the exam.
<b>Preliminary exam results</b> available on exam day	You will receive preliminary results after completing your exam.
<b>Official exam results</b> 8 weeks from exam date	You will receive official passed exam results and any earned certificates by mail. Failed exam results will be available online in your DANB account.

## DANB ID Policy

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

The candidate's ID must be:

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

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

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

Acceptable forms of identification include:

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

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

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

## Nondiscrimination Policy

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

## Reasonable Accommodations for Candidates with Documented Disabilities

If you require accommodations to test:

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

## Schedule an Exam Appointment

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

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

## Reschedule an Exam Appointment

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

## Request a New Testing Window

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

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

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

Failure to cancel an exam appointment will result in forfeiture of the full exam fee, and the application is null and void.

You may request a new testing window only one time. After the first request for a new testing window, a current exam application with any required documentation and full fees must be submitted.



## Cancel a Testing Window for a Partial Refund

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

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

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

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

## Missed Exam Appointment

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

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

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

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

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

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

## Missed Exam Appointment Due to Emergency

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

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

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

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

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

## Application Statements

Please read the following Application Statements carefully. The Application Statements apply to all 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 information stakeholders of legislation). I further understand that this consent will remain in effect unless and until I submit a written request to have this information omitted from release. I understand that if I do not want DANB to display my city and state of residence as part of the online verification process, then I must submit a written request for omission of this information to the following address: DANB Communications Department, 444 N. Michigan Ave., Suite 900, Chicago, IL 60611. I understand that my name, credentials held [issued by DANB as described above] and current DANB certification status will be displayed for everyone; opting out of display of information is only possible for an individual's city and state.
4. I understand that by providing my email address on the application form, or by providing it through my online DANB account, I am consenting to receive email 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

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

*It is not necessary to report misdemeanor convictions. If you are uncertain whether a conviction was for a felony or a misdemeanor, you must mark “yes.”*

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

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

Documentation must be submitted with the completed exam application.

#### Step 1 — Personal Statement

The applicant 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 applicant 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.



# 2022 Certified Orthodontic Assistant (COA) or Orthodontic Assisting (OA) Exam

This application will be accepted through Dec. 31, 2022.

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

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

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

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

### Section B: Signature and Date (Please sign and date with a pen.)

I hereby affirm that my answers to all questions are true and correct, I have met all eligibility requirements, and I will comply with all DANB policies and procedures. I further affirm that I have read and understood the *Application Statements* contained in this packet, and I intend to be legally bound by them. I understand that the \$75 application fee is not refundable under any circumstances.

Signature  Date

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

Read the questions in their entirety on page 12. If you checked Yes for any question, you must include required documentation.

1. In the last five years have you been convicted of any felonies or are you currently serving any sentences for felony convictions? <input type="checkbox"/> No <input type="checkbox"/> Yes	2. Have you ever been disciplined by a regulatory board, certifying or examination agency, or education institution? <input type="checkbox"/> No <input type="checkbox"/> Yes	3. Have you ever been declared mentally incompetent by a court of law? <input type="checkbox"/> No <input type="checkbox"/> Yes
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### Section D: Candidate Information (Please type or print with a pen.)

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

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

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

### Section E: Eligibility Pathway

<input type="checkbox"/> <b>Pathway I</b> <input type="radio"/> DANB certification # <input style="width: 100px;" type="text"/> or RDH license <input type="radio"/> Employer Work Experience Statement (submit completed p. 14) AND <input type="radio"/> CPR, BLS or ACLS card (submit copy of front and back)	<input type="checkbox"/> <b>Pathway III</b> <input type="radio"/> DANB certification # <input style="width: 100px;" type="text"/> AND <input type="radio"/> Orthodontic Preparation Course (submit proof of completion) AND <input type="radio"/> CPR, BLS or ACLS card (submit copy of front and back)
<input type="checkbox"/> <b>Pathway II</b> <input type="radio"/> Employer Work Experience Statement (submit completed p. 14) AND <input type="radio"/> High School Graduation (submit proof of graduation) AND <input type="radio"/> CPR, BLS or ACLS card (submit copy of front and back)	<input type="checkbox"/> <b>Pathway IV</b> <input type="radio"/> DANB certification # <input style="width: 100px;" type="text"/> or D.D.S. or D.M.D. program (submit proof of graduation) AND <input type="radio"/> CPR, BLS or ACLS card (submit copy of front and back)

**Please see p. 4 for required documentation.**

### Section F: Payment

	<b>COA Exam Fee</b>	<b>OA Exam Fee</b>	Candidate's Name <input style="width: 90%; border: 1px solid black;" type="text"/>
Traditional candidate:	\$450	\$320	<b>Exam fees include the \$75 nonrefundable application fee</b>
Active military personnel:	\$425	\$315	
DANB use: COA exam (3610) OA exam (3636)			
<input type="checkbox"/> Check/Money Order payable to DANB (must include candidate's name and be in U.S. dollars)			
<input type="checkbox"/> Credit Card Authorization (VISA, MasterCard, Discover & American Express accepted): Amount \$ <input style="width: 100px;" type="text"/>			
Credit Card Number	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	CVV	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Expiration <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/>
Cardholder's Name	<input style="width: 90%; border: 1px solid black;" type="text"/>		Cardholder's Signature <input style="width: 90%; border: 1px solid black;" type="text"/>
Cardholder's Billing Address	<input style="width: 90%; border: 1px solid black;" type="text"/>		City <input style="width: 100px;" type="text"/>
State	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	Zip	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
		Daytime Phone Number	<input style="width: 150px;" type="text"/>

By signing, the cardholder acknowledges intent to register for the aforementioned DANB exam in the amount of the total shown hereon and agrees to perform the obligations set forth in the cardholder's agreement with the issuer. Furthermore, the cardholder understands that the signature obtained at the exam administration shall be used to indicate receipt of purchase. A candidate who fails to show up for the exam for which he/she registered and has not canceled the exam as described in this packet is still required to pay for the exam. (See the *Application Statements* for further requirements.)

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

**Fax: 1-312-642-8507**  
 Do not submit twice or you will be charged twice.



**2022 Employer Work Experience Statement (COA/OA Exam–Pathway I or II)**  
This form will be accepted through Dec. 31, 2022.

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, he/she must still possess a basic understanding of them in order to increase his/her likelihood of success on the exam. If the candidate lacks training in or has not demonstrated basic knowledge of all areas listed below, he/she is ineligible to take the exam.

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

Signature of Licensed Orthodontist/Dentist

Date

**This form is required for COA/OA exam application under Pathway I or II.**  
Please see p. 4 for required documentation.



## 2022 Infection Control (ICE) Exam

This application will be accepted through Dec. 31, 2022.

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

### Section A: Signature and Date (Please sign and date with a pen.)

I hereby affirm that my answers to all questions are true and correct, I have met all eligibility requirements, and I will comply with all DANB policies and procedures. I understand that if this exam (or exams) complete(s) the requirements to earn a DANB certification, I attest to holding current DANB-accepted, hands-on CPR, BLS or ACLS. I further affirm that I have read and understood the *Application Statements* contained in this packet, and I intend to be legally bound by them. I understand that the \$75 application fee is not refundable under any circumstances.

Signature  Date

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

Read the questions in their entirety on page 10. If you checked Yes for any question, you must include required documentation.

- |  |  |  |
|--|--|--|
| 1. In the last five years have you been convicted of any felonies or are you currently serving any sentences for felony convictions?<br><input type="checkbox"/> No <input type="checkbox"/> Yes | 2. Have you ever been disciplined by a regulatory board, certifying or examination agency, or education institution?<br><input type="checkbox"/> No <input type="checkbox"/> Yes | 3. Have you ever been declared mentally incompetent by a court of law?<br><input type="checkbox"/> No <input type="checkbox"/> Yes |
|--|--|--|

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

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

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

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

### Section D: Education/Experience

Dental assisting/hygiene program    Program code     Grad Year   
 On-the-job-trained dental assistant    Years of experience  /   
years    months

### Section E: Payment

**Fee**    Candidate's Name

Traditional candidate	\$270	<b>All exam fees listed include the \$75 nonrefundable processing fee</b>	DANB use: ICE (3630)
Active military personnel	\$265		

Check/Money Order payable to DANB (must include candidate's name and be in U.S. dollars)  
 Credit Card Authorization (VISA, MasterCard, Discover & American Express accepted):    Amount \$

Credit Card Number  CVV  Expiration  /

Cardholder's Name  Cardholder's Signature

Cardholder's Billing Address  City

State  Zip  Daytime Phone Number

By signing, the cardholder acknowledges intent to register for the aforementioned DANB exam in the amount of the total shown hereon and agrees to perform the obligations set forth in the cardholder's agreement with the issuer. Furthermore, the cardholder understands that the signature obtained at the exam administration shall be used to indicate receipt of purchase. A candidate who fails to show up for the exam for which he/she registered and has not canceled the exam as described in this packet is still required to pay for the exam. (See the *Application Statements* for further requirements.)

**Mail: DANB • 444 N. Michigan Ave., Suite 900 • Chicago, IL 60611**  
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OR

**Fax: 1-312-642-8507**

Do not submit twice or you will be charged twice.

## How to Prepare for Your Exam

### STEP 1: REVIEW THE EXAM OUTLINE

Exam outlines identify every topic found on a particular exam. You can review the abbreviated exam outlines on the following page; download complete exam outlines at [www.danb.org/Become-Certified/Prepare-for-DANB-Exams/Exam-Outlines.aspx](http://www.danb.org/Become-Certified/Prepare-for-DANB-Exams/Exam-Outlines.aspx). Review each topic and identify the areas in which you need further study.

### STEP 2: CHOOSE YOUR STUDY MATERIALS

Obtain study materials. Options include:

- Suggested reference list (see p. 16)
- Textbooks and other reference materials
- The DALE Foundation's review courses and study aids (the DALE Foundation is the only official DANB affiliate)

### STEP 3: MAKE A STUDY PLAN

- Reading and re-reading is usually not enough
- Review previously studied topics every few days
- Assist in understanding by tying what you learn to real-life experiences
- Understand the rationale for correct performance and not just how to perform a procedure
- Make a practice test and use flashcards



## About DANB Exams

DANB uses computer adaptive testing (CAT). Candidates are scored based on the level of difficulty of the questions they answer correctly. This method can more accurately pinpoint a candidate's ability level. Each candidate is presented with the same percentage of questions from each domain. The average candidate will get around 50% of the questions correct.

## Exam Outlines

### ORTHODONTIC ASSISTING (OA)

140 multiple-choice items • 105 minutes testing time

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

### INFECTION CONTROL\* (ICE)

80 multiple-choice items • 60 minutes testing time

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

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

## Exam References

DANB exam committees use the following textbooks and reference materials to develop this exam. This list does not include all the available textbooks and materials for studying for this exam; these are simply the resources that exam committee subject matter experts determined as providing the most up-to-date information needed to meet or surpass a determined level of competence on this exam. Any one reference will likely not include all the material required to study to take the exam.

**Please note that previous editions of the resources below may be used for study purposes if the previous version was published within the past 10 years, unless noted otherwise.** This list is intended to help prepare for this exam. It is not intended to be an endorsement of any of the publications listed. You should prepare for DANB exams using as many different study materials as possible.

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

### ORTHODONTIC ASSISTING (OA) EXAM

#### Suggested References

1. Bird, Doni L., and Debbie S. Robinson. *Modern Dental Assisting*. 13th ed. St. Louis, MO: Elsevier/Saunders, 2020.
2. Phinney, Donna J. and Judy H. Halstead. *Dental Assisting: A Comprehensive Approach*. 5th ed. Clifton Park, NY: Delmar, 2018. **(This edition only.)**

#### Additional/Optional Study Resources

1. The DALE Foundation. [www.dalefoundation.org](http://www.dalefoundation.org).
  - DANB OA Review
  - DANB OA Practice Test
  - Glossary of Dental Terms

### INFECTION CONTROL (ICE) EXAM

#### Suggested References

1. Bird, Doni L., and Debbie S. Robinson. *Essentials of Dental Assisting*. 6th ed. St. Louis, MO: Elsevier/Saunders, 2017. **(This version only.)**
2. Bird, Doni L., and Debbie S. Robinson. *Modern Dental Assisting*. 13th ed. St. Louis, MO: Elsevier/Saunders, 2020.
3. Centers for Disease Control and Prevention (CDC). [www.cdc.gov](http://www.cdc.gov).
  - *Guidelines for Infection Control in Dental Health-Care Settings — 2003* (MMWR, Vol. 52, RR 17)
  - Centers for Disease Control and Prevention. *Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Oral Health; 2016
4. Miller, Chris, and Charles J. Palenik. *Infection Control and Management of Hazardous Materials for the Dental Team*. 6th ed. St. Louis, MO: Elsevier/Mosby, 2018. **(This version only.)**
5. Phinney, Donna J., and Judy H. Halstead. *Dental Assisting: A Comprehensive Approach*. 5th ed. Clifton Park, NY: Delmar, 2018. **(This version only.)**
6. U.S. Department of Labor, Occupational Safety and Health Administration (OSHA). [www.osha.gov](http://www.osha.gov).
  - Hazard Communication Guidelines for Compliance (Publication 3111) [www.osha.gov/Publications/osha3111.pdf](http://www.osha.gov/Publications/osha3111.pdf)
  - Bloodborne Pathogens standard (1910.1030) [www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1030](http://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1030)

#### Additional/Optional Study Resources

1. American Dental Assistants Association. [www.dentalassistant.org](http://www.dentalassistant.org).
  - Guidelines for Infection Control in Dental Health Care Settings (#1305)

- Hand Hygiene for the Dental Professional (#1413)
  - Infection Control in the Dental Office: A Review for a National Infection Control Exam (#0906)
  - Instrument Composition, Care and Maintenance (#1701)
  - Personal Protective Equipment (PPE): Basics for Dental Assistants (#1103)
2. The DALE Foundation. [www.dalefoundation.org](http://www.dalefoundation.org).
    - DANB ICE Review
    - DANB ICE Practice Test
    - Glossary of Dental Terms
    - CDEA module: Understanding CDC’s Summary of Infection Prevention Practice in Dental Settings: Basic Expectations for Safe Care
  3. Organization for Safety, Asepsis and Prevention (OSAP). [www.osap.org](http://www.osap.org).
    - From Policy to Practice: OSAP’s Guide to the Guidelines
    - OSAP’s OSHA & CDC Guidelines: Interact Training System
  4. OSAP and the DALE Foundation. [osap.org](http://osap.org), [dalefoundation.org](http://dalefoundation.org), [dentalinfectionprevention.org](http://dentalinfectionprevention.org)
    - OSAP-DALE Foundation Dental Infection Prevention and Control eHandbook
  5. U.S. Department of Labor, Occupational Safety and Health Administration (OSHA). [www.osha.gov](http://www.osha.gov).
    - OSHA Quickcards [https://www.osha.gov/Publications/HazComm\\_QuickCard\\_Pictogram.html](https://www.osha.gov/Publications/HazComm_QuickCard_Pictogram.html)