Dental Assisting National Board

2025 Arizona Expanded Function Dental Assistant — Restorative Exams Application

Includes applications for the following exams, required to earn the Arizona Expanded Function Dental Assistant — Restorative (AZEFDA-RF) certificate:

- Anatomy, Morphology and Physiology (AMP)
- Temporaries (TMP)
- Restorative Functions (RF)

DANB Contact, Forms and Policies

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

www.danb.org
1-800-367-3262
danbmail@danb.org

Find all of DANB's policies and forms at www.danb.org/exams/forms-and-policies.

Arizona Expanded Function Dental Assistant — Restorative Certificate Requirements

To perform specified restorative functions in Arizona under the supervision of a licensed dentist, an individual must hold an AZEFDA-RF certificate. To qualify, one must complete one of the following sets of requirements:

Option 1 (Arizona dental assistants and dental hygienists)

1. Hold the Arizona Coronal Polishing* certificate

   AND
2. Pass the DANB RHS exam **or** hold the Arizona Radiologic Proficiency certificate*

   AND
3. Pass DANB's Anatomy, Morphology and Physiology (AMP)*, Temporaries (TMP) **and** Restorative Functions (RF) exams (See p. 9 for exam application.)

   AND
4. Successfully complete an ASBDE-approved EFDA training program (See separate certificate application packet** for list.)

   AND THEN
5. Under the supervision of a licensed dentist, perform restorative procedures required by the ASBDE (place, contour and finish 20 direct restorations) and document these procedures on a Licensed Dentist Endorsement form (see separate certificate application packet** for form)

   AND THEN
6. Apply for the AZEFDA-RF certificate by submitting a completed application with the required Licensed Dentist Endorsement form and documentation to DANB (see separate certificate application packet** for form)

*** A Registered Dental Hygienist (RDH) is not required to take the RHS, CP and AMP exams, and they are not required to hold the AZCP certificate.**

** A separate application for the AZEFDA-RF certificate can be found at https://www.danb.org/state-requirements/detail/arizona-state-requirements. Apply for the AZEFDA-RF certificate after you have passed the required exams.

Option 2 (dental assistants with out-of-state expanded restorative functions credential)

1. Hold the Arizona Coronal Polishing (AZCP) certificate

   AND
2. Pass DANB's Radiation Health and Safety (RHS) exam **or** hold the Arizona Radiologic Proficiency certificate

   AND
3. Provide evidence of currently holding or having held within the previous ten (10) years a license, registration, permit or certificate in expanded functions in restorative procedures issued by another U.S. state or jurisdiction

   AND
4. Document clinical experience in the specified expanded functions on a Licensed Dentist Endorsement form

   AND THEN
5. Apply to DANB for the Arizona Expanded Function - Restorative certificate.

All inquiries regarding the Arizona dental practice act and regulations should be addressed to: Arizona State Board of Dental Examiners, 1740 W. Adams St., Suite 2470, Phoenix, AZ 85007, or 602-242-1492.

Direct all questions regarding DANB exams and issuance of the AZEFDA-RF certificate to DANB at 800-367-3262 or danbmail@danb.org.

Under agreement with the Arizona State Board of Dental Examiners (ASBDE), the Dental Assisting National Board, Inc. (DANB) administers the Arizona Expanded Function Dental Assistant — Restorative (AZEFDA-RF) certificate program.

DANB Restorative Functions (RF) Exam Eligibility Pathways

To earn the Arizona Expanded Function Dental Assistant — Restorative certificate, you must pass the AMP, TMP and RF exams administered by DANB (please see page 2 of this packet for additional requirements). There are no eligibility requirements to take the AMP or TMP exams. You must meet the requirements of one of the eligibility pathways below to qualify to take the RF exam.

All RF pathways require current DANB-accepted, hands-on CPR, BLS or ACLS (see next page).

☐ PATHWAY I

Current or former CDA certificant whose certification lapsed no more than two years ago.

Required Documentation

Current or former CDA certificant

- Certification number

☐ PATHWAY II

Graduate of a Commission on Dental Accreditation (CODA)-accredited dental assisting or hygiene program or Registered Dental Hygienist (RDH).

Required Documentation

Graduate of a CODA-accredited dental assisting or hygiene program

- Copy of certificate or diploma OR
- Copy of transcript OR
- Letter from program director on school letterhead (must include candidate's name, date of graduation, signed and dated by program director)

Registered Dental Hygienist

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

☐ PATHWAY III

Successful completion of an Expanded Functions Dental Auxiliary (EFDA) or restorative course/program AND minimum 3,500 hours dental assisting work experience, accrued during the previous two to four years; must be verified by a licensed dentist.

Required Documentation

Employer Work Experience Statement (p. 11) AND
EFDA or Restorative Course/Program

- Copy of diploma/certificate or copy of transcript from a program offered by an institution with a CODA-accredited dental assisting, dental hygiene or dental program. Each function does not have to be listed separately, but the documentation must indicate that expanded functions/duties or restorative functions/duties were included in the course curriculum.

CPR, BLS or ACLS

All RF pathways require current DANB-accepted, hands-on CPR, BLS or ACLS.

Required Documentation

Copy (front and back) of current CPR, BLS or ACLS card from a DANB-accepted provider. Must be current at time of application and exam. DANB 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 Health Care Academy*
- American Heart Association
- American Red Cross
- American Safety and Health Institute
- Canadian Red Cross
- Emergency Care and Safety Institute
- Emergency First Response
- Emergency Medical Training Associates
- Emergency University*
- EMS Safety Services
- Medic First Aid
- Medical Training Associates
- Military Training Network
- National Safety Council (Green Cross)
- Pacific Medical Training (BLS only through https://911coned.com)
- ProCPR*
- Saudi Heart Association

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

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 (not italic) characters
- Government-issued
- Signature-bearing
- The exact name as listed in your 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. 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 (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 (for online proctored exams only)

Candidates who are under the age of 18 are permitted to present a valid student ID as a form of identification, for online proctored exams only. 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.

You will not be allowed to take the exam if the name on the ID does not match the registered name exactly, and you 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.

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 or through online remote proctoring (if this option is available for the exam you are taking).. 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 cancelation details in the automated email sent from Pearson. 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 you were not able to take your 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 you do not submit your request within 60 days, you 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.

Fair Testing Policy

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

DANB seeks to ensure a fair and equitable testing experience for all individuals while ensuring the security and reliability of the process. Improper behavior is not acceptable before, during or after an exam appointment, and each candidate's behavior is monitored during testing. Consequences of improper behavior may include invalidation of exam results and/or revocation of ability to take future exams. For examples of improper behavior, see DANB's Disciplinary Policy & Procedures, available at www.danb.org.

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

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 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.
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

The Dental Assisting National Board (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.

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

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

BACKGROUND INFORMATION QUESTIONS

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

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

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

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

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

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

1. Candidate must sign, date, answer all background information questions, and submit all required documentation and fees to DANB. **Incomplete applications will be denied and a refund minus the nonrefundable processing fee will be issued.**
2. Mail or email completed application and **documentation** to DANB. Full payment is required at the time of application.

Section A: Exams

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

☐ **AMP/TMP/RF exams taken together** ☐ **AMP exam only** ☐ **TMP exam only** ☐ **RF exam only**

Section B: 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 X _____ **Date X** _____

Section C: Background Information Questions

Read the questions in their entirety on page 9. If you checked Yes for any question, you must include required documentation.

1. In the last five years have you been convicted of any felonies or are you currently serving any sentences for felony convictions? ☐No ☐Yes

2. Have you ever been disciplined by a regulatory board, certifying or examination agency, or education institution? ☐No ☐Yes

3. Have you ever been declared mentally incompetent by a court of law? ☐No ☐Yes

Section D: Candidate Information

Are you 18 years of age or older?* ☐Yes ☐No

**If you are under the age of 18, you are required to submit the Parent/Guardian Consent Form in case you choose to take an exam through online remote proctoring. The form can be found on the DANB website.*

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

Education/experience information (check all that apply) ☐ Dental assisting program ☐On-the-job trained ☐ Completed an expanded functions course

Name (must match current ID exactly):

Last _____ First _____ Middle Name/Initial I _____

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

Home Address _____ City _____ State _____ Zip _____

Phone Numbers Office _____ Cell or Home _____

Section E: Eligibility Pathway for RF exam or AMP/TMP/RF exam combination

☐ **Pathway I**
- ○ DANB certification# _____
- ○ CPR, BLS or ACLS card (submit copy of front and back)

☐ **Pathway II**
- ○ CODA Program Completion or RDH license (submit proof of completion) AND
- ○ CPR, BLS or ACLS card (submit copy of front and back)

☐ **Pathway III**
- ○ Employer Work Experience Statement (submit completed p. 11)
- ○ Completion of EFDA course/program
- ○ CPR, BLS or ACLS card (submit copy of front and back)

Please see p. 3 for additional documentation required.

Section F: Payment

Candidate's Name _____

	AMP/TMP/RF Exam Fee	AMP Exam Fee	TMP Exam Fee	RF Exam Fee
Traditional candidate:	$425	$245	$125	$275
Active military personnel:	$420	$240	$120	$270

DANB use:
AMP/TMP/RF exam (3660-6)
AMP exam (3661)
TMP exam (3665)
RF exam (3664)

☐ 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 Date _____ / _____

Cardholder's Name _____ Cardholder's Signature X _____

Cardholder's Billing Address _____

City/State/Zip _____ 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 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
Do not submit twice or you will be charged twice.

2025 Employer Work Experience Statement (RF Exam — Pathway III)

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 Dental Practice _____ Office Phone _____

Address _____ City _____ State _____ Zip _____

Name of Licensed Dentist Name of Dental Practice _____

License # _____ State License Issued _____

Licensed Dentist's Email _____

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

Name of Exam Candidate _____

By signing this form, I attest that the candidate named above has completed a minimum of 3,500 hours dental assisting work experience, accrued during the previous two to four years.*

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

_____ _____

Signature of Licensed Dentist Date

This form is part of the documentation required for RF exam application under Pathway III.

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 https://www.danb.org/exams/prepare-for-danb-exams. 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. 14)
- 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

ANATOMY, MORPHOLOGY AND PHYSIOLOGY (AMP)

80 multiple-choice items • 60 minutes testing time

Domain	% of items
Head, neck and oral cavity	40
Tooth anatomy, morphology and physiology	60

TEMPORARIES (TMP)

50 multiple-choice items • 40 minutes testing time

Domain	% of items
Evaluation	15
Preparation	35
Procedure	50

RESTORATIVE FUNCTIONS (RF)

80 multiple-choice items • 60 minutes testing time

Domain	% of items
Evaluation	15
Isolation	25
Procedures	45
Infection prevention and control	15

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.

ANATOMY, MORPHOLOGY AND PHYSIOLOGY (AMP) EXAM

Suggested References

1. Bird, Doni L., and Debbie S. Robinson. *Modern Dental Assisting*. 12th and 13th ed. St. Louis, MO: Elsevier/Saunders, 2018 and 2021.
2. Phinney, Donna J., and Judy H. Halstead. *Dental Assisting: A Comprehensive Approach*. 5th ed. Clifton Park, NY: Delmar, 2018.
3. Bird, Doni L., and Debbie S. Robinson. *Essentials of Dental Assisting.* 6th ed. St. Louis, MO: Elsevier/Saunders, 2017.

Additional/Optional Study Resources

1. The DALE Foundation. www.dalefoundation.org.
   - DANB AMP Review
   - DANB AMP Practice Test
   - Glossary of Dental Terms

TEMPORARIES EXAM

Suggested References

1. Bird, Doni L., and Debbie S. Robinson. *Modern Dental Assisting.* 13th ed. St. Louis, MO: Elsevier/Saunders, 2021.
2. Hatrick, Carol D., and W. S. Eakle. *Dental Materials: Clinical Applications for Dental Assistants and Dental Hygienists.* 3rd ed. St. Louis, MO: Elsevier/Saunders, 2016.
3. Phinney, Donna J., and Judy H. Halstead. *Dental Assisting: A Comprehensive Approach*. 5th ed. Clifton Park, NY: Delmar, 2018.

Additional/Optional Study Resources

1. The DALE Foundation. www.dalefoundation.org.
   - EFDA Practice Test
   - Glossary of Dental Terms

RESTORATIVE FUNCTIONS EXAM

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1. Bird, Doni L., and Debbie S. Robinson. *Modern Dental Assisting.* 13th ed. St. Louis, MO: Elsevier/Saunders, 2021.
2. Hatrick, Carol D., and W. S. Eakle. *Dental Materials: Clinical Applications for Dental Assistants and Dental Hygienists*. 3rd and 4th ed. St. Louis, MO: Elsevier/Saunders, 2016 and 2021.
3. Phinney, Donna J., and Judy H. Halstead. *Dental Assisting: A Comprehensive Approach*. 5th ed. Clifton Park, NY: Delmar, 2018.

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