



This exam application packet includes an application for the:

- Missouri Test of Basic Dental Assisting Skills (MBDA) Exam

When applying for a DANB-issued state certificate, you are responsible for reading, understanding, and complying with the policies and procedures in the **State Candidate Handbook**, available at www.danb.org/About-DANB/Forms-Used-on-This-Site.aspx.

DANB accepts 2022 applications through Dec. 31, 2022.

Missouri Expanded-Functions Dental Assistant Permit Requirements

To perform expanded functions under the direct supervision of a licensed dentist in Missouri, an expanded functions dental assistant must hold an expanded-functions dental assistant permit issued by the Missouri Dental Board (MDB). To earn the expanded functions permit, one must:

1. Complete **one of the following**:
 - a. Hold DANB Certified Dental Assistant (CDA) certification and graduate from a Commission on Dental Accreditation (CODA)-accredited dental assisting program in which competence testing in the appropriate expanded functions category* was completed, **OR**
 - b. Hold DANB CDA certification and complete a Missouri Dental Board-approved expanded functions training course, **OR**
 - c. Pass the Missouri Test of Basic Dental Assisting Skills (MBDA) exam and complete a Missouri Dental Board-approved expanded functions training course

AND

2. Hold current certification in the American Heart Association's Basic Life Support for the Healthcare Provider (BLS), or an equivalent certification approved by the MDB

AND THEN

3. Submit proof of meeting requirements, along with application form and established fee, to the Missouri Dental Board to apply for permit

**Expanded functions permits are issued in five categories: Restorative I, Restorative II, Orthodontics, Fixed Prosthodontics, and Removable Prosthodontics.*

All inquiries regarding permit, eligibility requirements and requests for permit applications should be addressed to: Missouri Dental Board, 3605 Missouri Boulevard, P.O. Box 1367, Jefferson City, MO 65102-1367, or call 573-751-0040.

This application packet provides information concerning the MBDA exam, which is administered by the Dental Assisting National Board, Inc. (DANB). Permits for expanded functions are regulated by the Missouri Dental Board (MDB). The MDB issues Expanded Functions Dental Assistant (EFDA) permits to those who have met permit requirements. The MBDA exam meets part of the requirements of one pathway to qualify for a Missouri EFDA permit.

Testing with DANB

Timeline

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

Application processing within 4 weeks	DANB reviews your application and documentation within four weeks. Exams that do not require documentation may be processed more quickly.
Testing window 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.
Preliminary exam results available on exam day	You will receive preliminary results at the test center after completing your exam.
Official exam results 8 weeks from exam date	You will receive official exam results and any earned certificates by mail.

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
- Government-issued
- Photo-bearing
- Signature-bearing
- In roman (not italic) characters
- 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, 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.
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. 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, cancel the appointment through Pearson VUE at least 24 hours before the scheduled exam start time by following the prompts to "Schedule" your exam. You will be redirected to your Pearson VUE dashboard. 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. Cancel the existing exam appointment through Pearson VUE at least 24 hours before the scheduled exam start time by following the prompts to “Schedule” your exam. You will be redirected to your Pearson VUE dashboard. 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 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.

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.

About DANB Exams

How to Prepare to Take an Exam

STEP 1: REVIEW THE EXAM OUTLINE

The outlines identify every topic found on a particular exam. 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. 5)
- Textbooks and other reference materials
- The DALE Foundation's review courses and study aides (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

Missouri Test of Basic Dental Assisting Skills Exam Outline 133 multiple-choice items • 105 minutes testing time

Domain	% of Items
I. Oral Disease Prevention	10
a. Sealants	
b. Fluoride	
c. Nutrition	
d. Dental caries	
e. Patient education	
II. Dental Materials	10
a. Physical properties	
b. Preparation	
c. Manipulation	
d. Application	
III. Medical Emergencies	10
a. Signs and symptoms	
b. Prevention	
c. Health history review/documentation	
IV. Charts/Legal/Jurisprudence	10
a. Dental record requirements	
b. Legal responsibilities and regulations (e.g., HIPAA, OSHA)	
c. State-specific dental assistant rules	
V. Radiation Health and Safety	10
a. Expose (e.g., select technique)	
b. Evaluate radiographic image quality	
c. Radiation safety for the patient and operator	

VI.	Infection Control	30
	a. Standard/universal precautions	
	b. Prevention of disease transmission (e.g., CDC guidelines)	
	c. Occupational safety (e.g., OSHA regulations)	
VII.	Tooth Morphology	20
	a. Head and neck	
	b. Oral cavity	
	c. Tooth numbering systems	
	d. Occlusion	
	e. Oral pathology	

Exam Reference Materials

DANB exam committees use the textbooks and reference materials listed below 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 have determined provide the most up-to-date information needed to meet or surpass a determined level of competency for this exam. Any one reference will likely not include all the material required to study to take and pass the exam. 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 certification and component exams using as many different study materials as possible.

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

1. Bird, Doni L., and Debbie S. Robinson. *Modern Dental Assisting*. 12th and 13th editions. Elsevier, 2017 and 2020.
2. Phinney, Donna J., and Judy H. Halstead. *Dental Assisting: A Comprehensive Approach*, 5th edition. Delmar, 2017.
3. Bird, Doni L., and Debbie S. Robinson. *Essentials of Dental Assisting*. 6th edition. Elsevier, 2017.
4. Miller, Chris, and Charles J. Palenik. *Infection Control and Management of Hazardous Materials for the Dental Team*. 6th edition. Mosby, 2018.

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.
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.

2022 Missouri Test of Basic Dental Assisting Skills (MBDA) Exam Application

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

1. Candidate must sign, date 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 supporting 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 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 application fee is not refundable under any circumstances. I hereby apply in accordance with the rules and regulations governing the exam; and I herewith enclose the fee. I hereby agree that prior or subsequent to examination, the MBD or DANB may investigate my eligibility and may refuse to issue the exam results and such refusal may not and shall not be questioned by me in any court of law or equity or other tribunal, nor shall I have any claim in the event of such refusal to a return of the fee accompanying the application.

Signature Date

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

Last Four SSN Date of Birth

Name (must match current ID exactly):

Last First Middle Name/Initial

Prior Name (if applicable) Email (required)

Home Address City State Zip

Phone Numbers (at least one is required):

Office Home Cell

Section C: Work Experience Information

I work in a: general dental office specialty dental practice other (please specify) _____

Section D: Payment (Please type or print with a pen.)

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 **\$240.00**

MBDA
3826

Credit Card Number CVV Expiration /

Cardholder's Name

Cardholder's Billing Address City

State Zip Daytime Phone Number

Cardholder's Signature

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.)

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

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

Application Checklist

Have you:

- Read the instructions and information in this application packet?
- Read and agreed to be bound by Missouri and DANB rules, regulations, policies and procedures as noted in this application packet? (See *Application Statements*, p. 6)
- Filled out the exam application in its entirety?
- Signed and dated the exam application?
- Enclosed the application and exam fee or provided credit card information?
- Enclosed the *Reasonable Accommodations Request* forms, if needed? Note: These forms can be found at www.danb.org/About-DANB/Forms-Used-on-This-Site.aspx.
- Made a copy of your entire application packet for your records?
- Addressed your envelope OR prepared your information to be faxed?

Mail to:

Dental Assisting National Board, Inc. (DANB)
444 N. Michigan Ave., Suite 900
Chicago, IL 60611

Fax credit card payments only to:

DANB
312-642-8507

If you have not:

- completed the application in full,
- signed, dated and enclosed your application, and
- provided payment (check, money order, cashier's check) or payment information (credit card)

your application will be considered incomplete and will not be processed.

Incomplete applications will be denied and a refund, minus the \$75 nonrefundable application fee, will be issued.