



Dental Assisting
National Board

2023 Maryland Expanded Functions Exams

Application Packet

Includes applications for the:

- Maryland General Dental Assisting Expanded Functions (MDG) Exam
- Maryland Orthodontic Assisting Expanded Functions (MDO) Exam

DANB Contact, Forms and Policies

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

www.danb.org

Phone: 1-800-367-3262 • Email: danbmail@danb.org

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](#).

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

DANB accepts 2023 exam applications through Dec. 31, 2023.

Eligibility Pathways for Expanded Functions Dental Assistants in Maryland

To perform general dental or orthodontic assisting expanded functions in Maryland, a dental assistant must register as a Dental Assistant Qualified in General Duties or Orthodontics*. To qualify, one must:

General Duties

1. Complete a training program (minimum of 35 hours) approved by the Maryland State Board of Dental Examiners (MSBDE) in general duties dental assisting
AND
- 2a. Pass the Maryland General Dental Assisting Expanded Functions (MDG) exam, for qualification in general duties, **OR**
- 2b. Pass the DANB Certified Dental Assistant™ (CDA®) exam
(Note: If you hold CDA certification, contact the MSBDE for an application for qualification to perform expanded functions in Maryland. You will be required to provide proof of your DANB certification and dental assisting education to the MSBDE.)
AND
3. Apply to the Maryland State Board of Dental Examiners for state recognition as a Maryland Dental Assistant Qualified in General Duties

Education must be completed before applying to take the MDG exam.

Orthodontic Duties

1. Complete a training program (minimum of 35 hours) approved by the Maryland State Board of Dental Examiners (MSBDE) in orthodontic dental assisting
AND
- 2a. Pass the Maryland General Dental Assisting Expanded Functions (MDO) exam, for qualification in orthodontic duties, **OR**
- 2b. Pass the DANB Certified Orthodontic Assistant (COA®) exam
(Note: If you hold COA certification, contact the MSBDE for an application for qualification to perform expanded functions in Maryland. You will be required to provide proof of your DANB certification and dental assisting education to the MSBDE.)
AND
3. Apply to the Maryland State Board of Dental Examiners for state recognition as a Maryland Dental Assistant Qualified in Orthodontic Duties
Education must be completed before applying to take the MDO exam.

***Note: The Maryland Legislature passed a law in 2022 authorizing the creation of a new expanded function dental assistant (EFDA) level who may perform specified expanded functions. The new EFDA categories will replace the Dental Assistant Qualified in General Duties or Orthodontics titles detailed above. Although the effective date of the law is 10/1/2022 and the Maryland State Board of Dental Examiners has drafted rules to implement this new law, the new rules are not yet finalized and effective. Until the effectiveness of the new rules, the requirements detailed above remain in effect. This application packet is valid through March 31, 2023 or until the effective date of the new rules, whichever is earlier, and will be updated as new information becomes available.**

This application packet provides information on the exams and exam requirements for dental assistants applying to be Qualified Dental Assistants in the state of Maryland. Within guidelines established by state law, the Maryland State Dental Association (MSDA), in conjunction with the Maryland State Board of Dental Examiners (MSBDE), determines exam policy and standards. The MSBDE issues the state recognition of qualifications expanded functions when all requirements have been met.

The Maryland General Dental Assisting Expanded Functions (MDG) and Maryland Orthodontic Expanded Functions (MDO) exams are administered by the Dental Assisting National Board, Inc. (DANB) under an agreement with the MSBDE.

Direct all questions regarding DANB® exams to DANB at 1-800-367-3262 or danbmail@danb.org.

All inquiries regarding qualification, eligibility requirements and requests for qualification applications should be addressed to: Maryland State Board of Dental Examiners, Benjamin Rush Building, Spring Grove Hospital Center, 55 Wade Ave., Catonsville, MD 21228, or call 410-402-8500.

On-the-job training does not qualify a dental assistant to perform expanded functions in Maryland.

Notes: While not required by law, it is recommended that a Dental Assistant Qualified in General or Orthodontic Duties also earn status as a Dental Radiation Technologist.

MSBDE-Approved Courses in General Dental Assisting/Orthodontic Assisting

<u>Code</u>	<u>Program Name</u>
1501	Academy of Orthodontic Assisting/Trapezio (orthodontic assisting)
1504	All-State Career School- Allied Health Division (general chairside assisting)
0439	American Health Career Institute (general chairside assisting)
0424	Anne Arundel Community College (general chairside)
0429	Carroll Community College (general chairside assisting and orthodontic assisting)
0509	Center for Applied Technology — Edgewater (general chairside assisting)
0524	Chesapeake College for Allied Health (general chairside assisting)
0422	College of Southern Maryland (general chairside assisting)
0428	Dental Assistant Training School (DATS) (general chairside assisting)
0410	Dr. James A Forrest Career and Technology Center (general chairside assisting)
0404	Community College of Baltimore County
0408	Fortis Institute — Towson (complete dental assisting program)
1520	Frederick Community College (general chairside and orthodontic assisting)
0988	Hagerstown Community College (general chairside and orthodontic assisting)
0436	Hands-on Dental Assistant Training (general chairside assisting and orthodontic assisting)
0406	Harford Community College (general chairside and orthodontic assisting)
0414	Hygiene Associates (general chairside assisting)
1521	Maryland State Dental Association (general chairside and orthodontic assisting)
0411	Montgomery College — Takoma Park (general chairside)
0423	Prince George's Community College — Largo (general chairside)
0426	RH Dental Education Concepts (general chairside and orthodontic assisting)
1512	Southern Maryland Dental Society (general chairside and orthodontic assisting)
0437	Vivian T. Thomas Medical Arts Academy (general chairside)

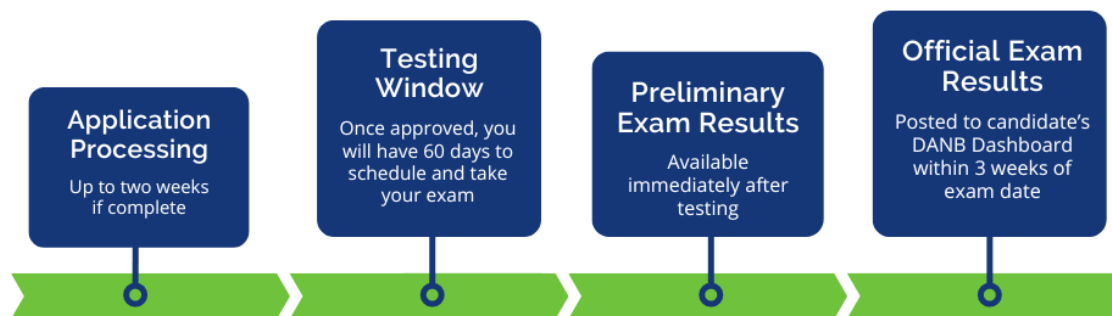
Some programs may no longer be offered, but received prior Maryland Board approval.

List last updated 3/10/2022

Testing with DANB

Timeline

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



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
- Government-issued
- Photo-bearing
- Signature-bearing
- In roman (not italic) characters
- 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. 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
- 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

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, 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

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. 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. 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 Dashboard.
5. Follow the prompts to cancel or reschedule your exam.
6. Confirm your new appointment or cancellation details in the automated email sent from Pearson. If you did not receive an email from Pearson, 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 following the below steps:

1. Access the exam application on your DANB Dashboard by clicking the name of the missed exam, AND
2. Submit a request and payment for the new 60-day testing window 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 issues for online testing.

If you do not submit your request within 60 days, you must reapply for the exam with the full fee.

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.

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. 8)
- 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

Maryland General Dental Assisting Expanded Functions (MDG) Exam Outline

125 multiple-choice items • 1 ½ hours testing time

Domain	% of Items
1. Perform vitality tests	2-5
2. Take alginate impressions for study models, diagnostic casts and intraoral appliances	5-8
3. Apply topical anesthetic	2-5
4. Apply topical fluoride	2-5
5. Prepare and cement temporary crowns and restorations	6-7
6. Remove temporary crowns	2-5
7. Remove excess cement	5-7
8. Place or remove retraction cords	5-7
9. Place desensitizing agents	2-5
10. Place or remove rubber dams	4-5
11. Place or remove a matrix band/wedge	5-7
12. Prepare and fit stainless steel crowns, not to include tooth preparation or crown cementation	2-4
13. Construct athletic mouthguards and custom trays	5-7
14. Perform etching and bonding procedures	5-7
15. Dry a root canal	2-4
16. Remove sutures	2-3
17. Remove or replace a periodontal dressing	2-3
18. Demonstrate knowledge of oral and dental anatomy	5-8
19. Demonstrate knowledge of oral and dental morphology	5-7
20. Demonstrate knowledge of infection control (use of barrier techniques, knowledge of sterilization procedures and occupational safety concerns)	4-6
21. Cure by use of halogen light	2-4
22. Fabricate indirect restorations in the dental office	2-4

Maryland Orthodontic Assisting Expanded Functions (MDO) Exam Outline

100 multiple-choice items • 1¼ hours testing time

Domain	% of Items
1. Take impressions for study models, diagnostic casts and intraoral appliances	5-8
2. Apply and use fluorides	2-4
3. Prepare, fit and cement orthodontic bands (i.e., remove excess cement, check for loose bands)	9-12
4. Demonstrate use of athletic mouthguards on models	2-4
5. Isolate, etch, bond and place brackets	9-12
6. Place and remove archwires	4-7
7. Demonstrate knowledge of the edgewise appliance (braces)	4-7
8. Place elastics and ligatures	4-7
9. Demonstrate knowledge of oral and dental anatomy and morphology	7-10
10. Demonstrate knowledge of other orthodontic appliances (e.g., select headgear)	7-10
11. Provide patient with oral hygiene education	4-7
12. Demonstrate knowledge of tooth movement	2-4
13. Demonstrate knowledge of the removal of cemented or bonded orthodontic bands and attachments	7-10
14. Demonstrate knowledge of infection control (use of barrier techniques, knowledge of sterilization procedures and occupational safety concerns)	6-9
15. Apply desensitizing agents	2-4
16. Apply topical anesthesia	2-4
17. Cure by use of halogen light	2-4

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. Phinney, Donna J., and Judy H. Halstead. *Dental Assisting: A Comprehensive Approach*, 5th ed. Delmar, 2017.
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. Miller, Chris, and Charles J. Palenik. *Infection Control and Management of Hazardous Materials for the Dental Team*. 6th edition. Mosby, 2018.
4. Bird, Doni L., and Debbie S. Robinson. *Modern Dental Assisting*. 12th and 13th editions. Elsevier, 2017 and 2020.
5. Proffit, William R., Henry W. Fields and David M. Sarver. *Contemporary Orthodontics*. 6th ed. St. Louis, MO: Elsevier/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 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.

2023 Maryland General Dental Assisting Expanded Functions (MDG)/Maryland Orthodontic Assisting Expanded Functions (MDO) Exam Application

This application will be accepted through **Mar. 31, 2023.**

1. Candidate must sign, date and submit all required documentation and fees to DANB.
Incomplete applications will be denied and a refund minus the \$75 nonrefundable application fee will be issued.
2. Candidate must include proof of completing a MSBDE-approved course program (p. 3).
3. Mail or email completed application with supporting documentation to DANB. Full payment is required at the time of application.

Section A: Exam Information

Which exam(s) are you applying for?

- MDG exam MDO exam

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 and MSBDE 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 MSBDE 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 C: 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 D: Eligibility Information

Required Maryland Approved-Training Program Code (see p. 3)

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

Exam Fees MDG MDO
 \$290 \$265

MDG 3880
MDO 3801

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

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

Email application to: financefax@danb.org
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 MSBDE and DANB rules, regulations, policies and procedures as noted in this application packet? (See *Application Statements*, p. 8)
- 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 proof of completing a Maryland-approved training course?
- Enclosed the *Reasonable Accommodations Request* forms, if needed? Note: These forms can be found at www.danb.org.
- Made a copy of your entire application packet for your records?
- Addressed your envelope OR prepared your information to be emailed?

Mail to:

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

Email credit card payments only to:

financefax@danb.org

If you have not:

- completed the application in full,
- enclosed, signed and dated your application,
- enclosed supporting documentation, 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.