



2026 NJXDG Exam

Application Packet

Includes an application for the:

- New Jersey Expanded Duties — General (NJXDG) exam

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

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 DANB policies and forms at www.danb.org/exams/forms-and-policies.

DANB accepts 2026 exam applications through Dec. 31, 2026.

Eligibility Pathways for Dental Assistants in New Jersey

A New Jersey Registered Dental Assistant (RDA) is legally allowed to perform New Jersey expanded duties, both general and orthodontic, under the direct supervision of a licensed dentist, as specified in the New Jersey State Dental Practice Act, in any type of dental practice setting.

FOR ALL PATHWAYS

Applicants must:

1. Have passed DANB's Certified Dental Assistant (CDA) Exam within 10 years prior to RDA application, and
2. Have a certificate of completion of the online NJ jurisprudence orientation taken within six months of the date of RDA application



PATHWAY I

Complete a Commission on Dental Accreditation (CODA)-accredited dental assisting program (within 10 years prior to application)



PATHWAY II

1. Be a high school graduate or equivalent
2. Obtain at least two years of work experience as a dental assistant (within five years prior to application)
3. Pass the NJXDG exam



PATHWAY III

1. Be a high school graduate or equivalent
2. Obtain at least two years of work experience as a dental assistant (within five years prior to application)
3. Pass an expanded functions course approved by the New Jersey State Board of Dentistry (NJSBD)



Apply for licensure from the NJSBD after completing all the above requirements.

All inquiries regarding registration, eligibility requirements and requests for registration applications should be addressed to: New Jersey State Board of Dentistry, 124 Halsey St., 6th Fl., Newark, NJ 07102, or call 973-504-6405.

Registration is regulated by the Department of Law and Public Safety, Division of Consumer Affairs, through the NJSBD. Within guidelines established by law, the NJSBD determines the eligibility requirements, sets the exam and/or educational standards, and issues the registration when requirements are met.

This application packet provides information concerning the exam that dental assistants must pass in order to become registered in the state of New Jersey. The exams are administered by the Dental Assisting National Board, Inc. (DANB) under an agreement with the NJSBD. Inquiries regarding the **exam** should be made to DANB.

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. 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

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. 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 VUE Dashboard.
5. Follow the prompts to cancel or reschedule your exam. Don't forget the last step, which includes a "Confirm" button.
6. Verify your new appointment or cancellation details in the automated email sent from Pearson VUE. If you did not receive an email from Pearson VUE, your exam appointment has not been canceled or rescheduled.

Requesting a New Testing Window

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

Canceling a Testing Window and Requesting a Partial Refund

If you do not wish to take the DANB exam for which you applied and would like to request a partial refund, you must submit a [Request to Cancel a Testing Window form](#). For additional information, please see the required [form](#).

Missed Exam Appointment

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

Exams are considered missed if 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 environmental 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 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.

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. 7)
- 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

NJXDG Exam Outline

106 multiple-choice items • 80 minutes testing time

Domain

1. **Preparation and Isolation (25% of exam)**
 - A Isolate the operative field, including the placement and removal of rubber dams
 - B Place and remove matrices and wedges
 - C Place and remove retraction cords and medicated pellets
 - D Perform bite registration procedures

2. **Temporary Restorations and Impressions (25% of exam)**
 - A Take alginate impressions
 - B Trial-size (pre-select) stainless steel crowns and temporary crowns intraorally
 - C Place temporary restorations
 - D Fabricate and cement temporary crowns and bridges after preparation of tooth and crowns by dentist (does not include intraoral adjustments)
 - E Perform hand removal of crowns and bridges that have been temporarily cemented

3. **Restorative Procedures (50% of exam)**
 - A Prepare coronal surfaces for bonding and restoration, with pumice and water only, not including prophylaxis
 - B Etch in preparation for bonding, sealants and desensitizing agents
 - C Application of fluoride, pit and fissure sealants and other recognized topical agents for the prevention of oral disease or discomfort
 - D Place amalgam, composite or gold foil in a tooth for condensation by the dentist
 - E Remove excess cement from crowns or other restorations
 - F Remove sutures
 - G Place and remove periodontal dressings and other surgical dressings
 - H Take impressions for and perform laboratory fabrication of mouthguards, not including insertion of the appliance

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*. 13th edition. Elsevier, 2020.
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 edition. Delmar, 2017.
4. Bird, Doni L., and Debbie S. Robinson. *Essentials of Dental Assisting*. 6th edition. Elsevier, 2017.

Application Statements

Please read the following Application Statements carefully. These statements apply to all DANB state exams. 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 by DANB and issuance of my exam results to the New Jersey State Board of Dentistry (NJSBD), in accordance with and subject to the procedures and regulations of DANB and the NJSBD. 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 covering eligibility for and the administration of the exam and DANB policies, including but not limited to the DANB Code of Professional Conduct. I agree to disqualification from the exam, to denial of certification, and to forfeiture and return to DANB of any certificate granted me by the NJSBD based on DANB exam results, 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 regulations. I authorize DANB to make whatever inquiries and investigations it deems necessary to verify my 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 given by DANB, any scoring relating thereto, the failure to issue me a certificate, or any demand for forfeiture or return of such 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 certification activities. I UNDERSTAND THAT THE DECISION AS TO WHETHER I QUALIFY FOR A NATIONAL CERTIFICATION OR CERTIFICATE OF KNOWLEDGE-BASED COMPETENCE 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 provide online credential verification that will display my name, the DANB-administered credentials I hold, dates earned, current DANB certification status, and my city and state of residence. I further understand and agree that DANB may also provide verification to parties such as employers, educators, regulators, and government agencies regarding receipt of any DANB exam application and the date received, whether I hold DANB certifications, DANB certificates of knowledge-based competence and state-specific certificates administered by DANB, including the pass/fail status of exams leading to certificates.
4. I understand that by providing my email address on the application form, I am consenting to receive email messages from DANB and its official affiliates related to their products and services or news affecting the dental assisting profession. I understand that DANB agrees not to provide my email address to any other third party 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 to state regulatory agencies. Individuals cannot opt out of DANB release of exam results 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 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 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.
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.

This application will be accepted through Dec. 31, 2026.

- Section A: Signature and Date (Please type or print with a pen.)**

Signature		Date	
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Last Four SSN Date of Birth

Last	First	Middle Name/Initial
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Prior Name (if applicable)		Email (required)	
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Home Address		City		State			Zip					
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Office		Cell or Home	
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Credit Card Number CVV Expiration /

Cardholder's Name	
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Cardholder's Billing Address		City	
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State Zip Daytime Phone Number

Cardholder's Signature _____

New Jersey Expanded Duties – General Exam (12/16/25)

Application Checklist

Have you:

- ☐ Read the instructions and information in this application packet?
- ☐ Read and agreed to be bound by NJSBD and DANB rules, regulations, policies and procedures as noted in this application packet? (See *Application Statements*, p. 9)
- ☐ 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.
- ☐ 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,
- 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.