



Dental Assisting  
National Board

# 2025 NYPDA Exam

## Application Packet

Includes applications for the following exams:

- New York Professional Dental Assisting exam (NYPDA)
- New York Combination Exam: Radiation Health and Safety (RHS), Infection Control (ICE) and NYPDA

### DANB Contact, Forms and Policies

Dental Assisting National Board  
444 N. Michigan Ave., Suite 900  
Chicago, IL 60611-3985  
[www.danb.org](http://www.danb.org)  
1-800-367-3262 • [danbmail@danb.org](mailto: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](http://www.danb.org/exams/forms-and-policies).

DANB accepts 2025 exam applications through Dec. 31, 2025.

## Eligibility Pathways for Dental Assistants in New York

A dental assistant in the state of New York must be licensed as a Registered Dental Assistant (RDA) in order to perform supportive services. These specified supportive services must be performed under the direct supervision of a licensed dentist. To become licensed in the state of New York, one must:

Be of good moral character, as determined by the New York State Education Department



Be a high school graduate or its equivalent



Be at least 18 years of age



Successfully complete one of these two education options:

(a) a New York-approved one-year course of study in dental assisting consisting of 24 semester hours, in a degree-granting institution or a Board of Cooperative Educational Services (BOCES) program that includes at least 200 hours of clinical experience

**OR**

(b) an alternate course of study in dental assisting acceptable to the New York State Education Department (NYSED) that includes at least 1,000 hours of relevant work experience in accordance with the Commissioner's regulations.

\*For information on New York-approved courses, contact the New York State Board for Dentistry at 518-474-3817, ext. 550.



### PATHWAY I

**Pass** all three components of the national DANB® Certified Dental Assistant™ (CDA®) exam: Radiation Health and Safety (RHS®), Infection Control (ICE®), and General Chairside Assisting (GC).



### PATHWAY II

**Pass:**

(a) The New York Professional Dental Assisting (NYPDA) exam

**AND**

(b) DANB's ICE and RHS exams

Exams can be taken separately, or together as the New York Combination Exam.



**Apply** for licensure from the NYSED after completing all of the above requirements.

All inquiries regarding licensure, eligibility requirements and requests for licensure applications should be addressed to: New York State Education Department, Division of Professional Licensing Services, Dental Assisting Unit, 89 Washington Ave., Albany, NY 12234, or call 1-518-474-3817, ext. 270.

## New York State Information

### New York Licensure Information

DANB has an agreement with the New York State Education Department (NYSED) to administer the exam(s) necessary for a dental assistant to qualify for licensure in New York. **Dental Assistants must be licensed in the state of New York** in order to perform supportive services under the direct supervision of a licensed dentist (see box below). Licensure is regulated by the NYSED. Within parameters established by law and regulations, the department determines eligibility requirements, sets education and exam requirements, and issues a license when requirements are met.

### Supervision Required for Registered Dental Assistants

#### Supportive Services\*

As defined by the State of New York, supportive services include providing patient education, taking preliminary medical histories and vital signs to be reviewed by the dentist, placing and removing rubber dams, selecting and prefitting provisional crowns, selecting and prefitting orthodontic bands, removing orthodontic arch wires and ligature ties, placing and removing matrix bands, taking impressions for study casts or diagnostic casts, removing periodontal dressings, removal of sutures placed by a dentist, taking impressions (for space maintainers, orthodontic appliances, and occlusal guards), removing temporary cement, applying topical anticariogenic agents to the teeth, applying desensitizing agents to the teeth, placing and removing temporary separating devices, placing orthodontic ligatures, taking x-rays in accordance with the requirements of section 3515(4)(c) of the Public Health Law, and other dental supportive services authorized by the licensed dentist while the Registered Dental Assistant is under the direct personal supervision of the licensed dentist, provided that such other dental supportive services are not excluded by New York regulations.

\*As authorized under Chapter 494 of the Laws of 1994 and amended by Chapter 565 of the Laws of 1995

A Registered Dental Assistant may provide dental supportive services only under the direct personal supervision of a licensed dentist. The Registered Dental Assistant must perform the dental procedures based on instructions given by a licensed dentist in the course of the procedure. The dentist must remain in the dental office where the supportive services are being performed, personally diagnose the condition to be treated, personally authorize the procedure, and evaluate the services performed by the dental assistant prior to dismissing the patient.

Only Registered Dental Assistants or licensed dentists and dental hygienists are legally allowed to provide supportive services. Individuals who provide any of these services in New York without earning a license from the State of New York as a Registered Dental Assistant are not in compliance with the law and are in danger of being prosecuted for a felony.

### DANB Certified Dental Assistant Definition and Information

DANB's Certified Dental Assistant (CDA) certification is a national certification that dental assistants may earn by meeting eligibility requirements and passing three DANB component exams — the General Chairside Assisting (GC), Infection Control (ICE), and Radiation Health and Safety (RHS) exams. A Registered Dental Assistant is a dental assistant who has met the requirements of New York Pathway I or New York Pathway II and received a license from the New York State Education Department. To become licensed in New York, a dental assistant must meet New York education requirements and either pass all three components of DANB's national Certified Dental Assistant (CDA) exam or pass the NYPDA exam, along with national DANB RHS and ICE component exams ("New York Combination Exam"). See p. 2 of this packet for more information on the pathways.

**Candidates who wish to apply for DANB's CDA exam** (one of the requirements for New York Pathway I) must graduate from a Commission on Dental Accreditation (CODA)-accredited dental assisting program (*please visit <https://coda.ada.org/find-a-program> for a list of available programs*) or have two years of general dental assisting experience and proof of high school graduation or equivalent, and meet DANB's additional eligibility requirements. Candidates may apply for DANB's CDA exam and its components at DANB's website, [www.danb.org](http://www.danb.org).

**Candidates who wish to apply for the RHS and ICE component exams** as part of New York Pathway II requirements may apply online at DANB's website, [www.danb.org](http://www.danb.org).

**Current or former DANB CDA certificants** who earned the CDA certification prior to June 1, 1985, must pass the RHS and ICE components of the current DANB CDA exam and meet the remaining New York licensure eligibility requirements to be eligible for licensure as Registered Dental Assistants. Current or former DANB CDA certificants who earned the CDA certification between June 1, 1985, and June 1, 1993, must pass the ICE component exam and meet the remaining New York licensure eligibility requirements to be eligible for licensure as Registered Dental Assistants in New York.

**Other DANB certificants:** If applying for licensure through NY Pathway I, only a current or former DANB CDA certificant

is recognized as having met exam requirements for licensure as a Registered Dental Assistant in New York. Current or former holders of another DANB certification that included the ICE exam as a component may become licensed through New York Pathway I only by completing the remaining two CDA components (GC and RHS) or the NYPDA and RHS exams.

### **Use of Credential Designations**

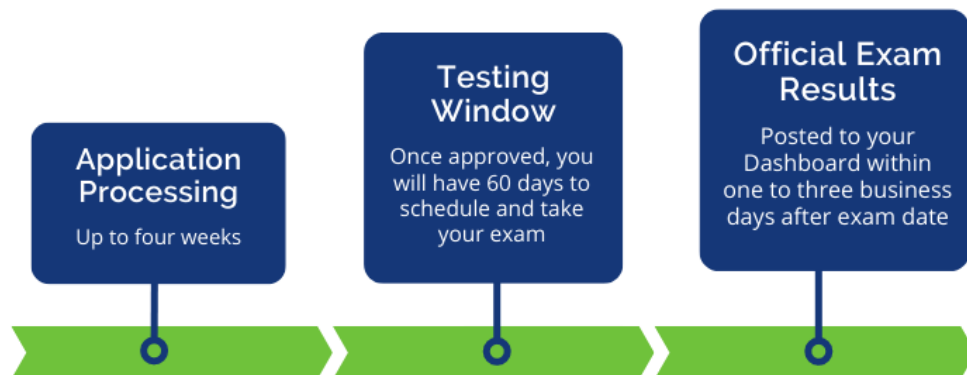
A candidate who completes one of the two education options and all requirements for New York Pathway I is a national DANB CDA certificant as well as a Registered Dental Assistant in New York. As long as the candidate maintains CDA certification by annually fulfilling DANB's renewal requirements, the candidate may use the CDA certification mark. Candidates who do not renew their DANB certifications are no longer certified by DANB and may not use the CDA certification mark. Candidates who do not renew their DANB certifications are no longer certified by DANB and may not use the CDA certification mark. DANB CDA's and NY Registered Dental Assistant (RDA's) are two separate credentials. Dental assistants who are certified through DANB may or may not qualify for NYS licensure as an RDA

Candidates who are licensed by the State of New York through New York Pathway II are not DANB CDA certificants and may not use the CDA certification mark. These dental assistants may earn DANB CDA certification once they meet the DANB eligibility requirements and successfully complete the General Chairside Assisting (GC), Infection Control (ICE) and Radiation Health and Safety (RHS) component exams of the CDA exam within five years. Candidates who are licensed by the State of New York through Pathway II are Registered Dental Assistants. These licensees may use the initials RDA after their names to signify their licensed status.

# 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. Confirm 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 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.

## 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](http://www.danb.org).

We value your feedback and encourage you to share information about your experience. Please email [danbmail@danb.org](mailto: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. 9)
- 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

### NYPDA Exam Outline

95 multiple-choice items

75 minutes testing time

<u>Domain</u>	<u>% of Items</u>
Collection and recording of clinical data	10
Chairside dental procedures	45
Chairside dental and lab materials	13
Patient education and oral health management	10
Prevention and management of patient emergencies	12
Office operations	10

### Radiation Health and Safety (RHS) Exam Outline

75 multiple-choice items

60 minutes testing time

<u>Domain</u>	<u>% of Items</u>
Purpose and Technique	50
Radiation Safety	25
Infection Prevention and Control	25

### Infection Control\* (ICE) Exam Outline

80 multiple-choice items

60 minutes testing time

<u>Domain</u>	<u>% of Items</u>
Prevention of disease transmission	20
Prevention of cross-contamination	34
Process instruments and Devices	26
Occupational safety/administrative protocols	20

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



## Exam Reference Materials

DANB exam committees use the following textbooks and reference materials to develop this exam (excluding the Additional/Optional Study Resources section). 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 below through various libraries and bookstores, or you may contact the publisher directly.

## RHS exam references

### Suggested References

1. Bird, Doni L., and Debbie S. Robinson. *Essentials of Dental Assisting*. 6th ed. St. Louis, MO: Elsevier/Saunders, 2017.
2. Bird, Doni L., and Debbie S. Robinson. *Modern Dental Assisting*. 11th and 12th ed. St. Louis, MO: Elsevier/Saunders, 2015 and 2017.
3. Centers for Disease Control and Prevention (CDC). [www.cdc.gov](http://www.cdc.gov).
  - *Guidelines for Infection Control in Dental Health-Care Settings — 2003* (MMWR, Vol. 52, RR 17)
  - *Centers for Disease Control and Prevention. Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care*. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Oral Health; 2016.
4. Ianucci, Joen M., and Laura J. Howerton. *Dental Radiography Principles and Techniques* (with CD-ROM). 5th ed. St. Louis, MO: Elsevier/Saunders, 2017.
5. Johnson, Orlen N., and Evelyn M. Thomson. *Essentials of Dental Radiography for Dental Assistants and Hygienists*. 10th ed. Upper Saddle River, NJ: Pearson Education, 2018.
6. Miller, Chris H. *Infection Control and Management of Hazardous Materials for the Dental Team*. 6th ed. St. Louis, MO: Elsevier/Mosby, 2018.
7. Phinney, Donna J., and Judy H. Halstead. *Dental Assisting: A Comprehensive Approach*. 5th-6th ed. Clifton Park, NY: Delmar Cengage Learning, 2018.

### Additional/Optional Study Resources

1. Centers for Disease Control and Prevention (CDC). [www.cdc.gov](http://www.cdc.gov).
  - *Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care*. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Oral Health; October 2016
2. U.S. Department of Labor, Occupational Safety and Health Administration (OSHA). [www.osha.gov](http://www.osha.gov).
  - *Hazard Communication Standard* (Code of Federal Regulations #29, Part 1910)
  - *Bloodborne Pathogens Standard* (1910.1030)
3. American Dental Assistants Association (ADAA). [www.dentalassistant.org](http://www.dentalassistant.org).
  - *An Introduction to Basic Concepts in Dental Radiography* (Course #715)
4. The DALE Foundation. [www.dalefoundation.org](http://www.dalefoundation.org).
  - *Conventional Dental Radiography Review*
  - *DANB RHS Review*
  - *DANB RHS Practice Test*
  - *Glossary of Dental Terms*

## ICE exam references

### Suggested References

1. Bird, Doni L., and Robinson, Debbie S. *Essentials of Dental Assisting*. 6th ed. St. Louis, MO: Elsevier/Saunders, 2017.
2. Bird, Doni L., and Robinson, Debbie S. *Modern Dental Assisting*. 11th and 12th ed. St. Louis, MO: Elsevier/Saunders, 2015 and 2017.
3. Centers for Disease Control and Prevention (CDC). [www.cdc.gov](http://www.cdc.gov).
  - *Guidelines for Infection Control in Dental Health-Care Settings—2003* (MMWR, Vol. 52, RR 17)
  - *Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care*. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Oral Health; October 2016

4. Miller, Chris, and Palenik, Charles. *Infection Control and Management of Hazardous Materials for the Dental Team*. 6th ed. St. Louis, MO: Elsevier/Mosby, 2018.
5. Phinney, Donna J., and Halstead, Judy H. *Dental Assisting: A Comprehensive Approach*. 5th ed. Clifton Park, NY: Delmar, 2018.
6. U.S. Department of Labor, Occupational Safety and Health Administration (OSHA). [www.osha.gov](http://www.osha.gov).
  - *Hazard Communication Standard* (Code of Federal Regulations #29, Part 1910)
  - *Bloodborne Pathogens Standard* (1910.1030)

#### Additional/Optional Study Resources

1. The Organization for Safety and Asepsis (OSAP). [www.osap.org](http://www.osap.org).
  - *From Policy to Practice: OSAP's Guide to the Guidelines*
  - *OSAP's OSHA & CDC Guidelines: Interact Training System*
2. The American Dental Assistants Association (ADAA). [www.dentalassistant.org](http://www.dentalassistant.org).
  - *Infection Control in the Dental Office: A Review for a National Infection Control Exam* (Course #0906)
  - *Guidelines for Infection Control in Dental Health Care Settings* (Course #1305)
3. The DALE Foundation. [www.dalefoundation.org](http://www.dalefoundation.org).
  - *DANB ICE Review*
  - *DANB ICE Practice Test*
  - *Glossary of Dental Terms*
  - *CDEA module: Understanding CDC's Summary of Infection Prevention Practice in Dental Settings: Basic Expectations for Safe Care*
4. OSAP-DALE Foundation *Dental Infection Prevention and Control eHandbook™*
5. Centers for Disease Control and Prevention (CDC). [www.cdc.gov](http://www.cdc.gov).
  - *Updated U.S. Public Health Service guidelines for the management of occupational exposures to HBV, HCV, and HIV and recommendations for postexposure prophylaxis* (MMWR, Vol. 50, RR 11)
6. U.S. Department of Labor, Occupational Safety and Health Administration (OSHA). [www.osha.gov](http://www.osha.gov).
  - *Hazard Communication Guidelines for Compliance* (Publication 3111)

## NYPDA exam references

### Suggested References

1. Bird, Doni L., and Debbie S. Robinson. *Essentials of Dental Assisting*. 6th ed. St. Louis, MO: Elsevier/Saunders, 2017.
2. Bird, Doni L., and Debbie S. Robinson. *Modern Dental Assisting*. 11th and 12th ed. St. Louis, MO: Elsevier/Saunders, 2015 and 2017.
3. Gaylord, Linda J. *The Administrative Dental Assistant*. 4th ed. St. Louis, MO: Elsevier/Saunders, 2017.
4. 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.
5. Little, James W., Donald A. Falace, Craig S. Miller and Nelson L. Rhodus. *Dental Management of the Medically Compromised Patient*. 9th ed. St. Louis, MO: Elsevier/Mosby, 2018.
6. Malamed, Stanley F. *Medical Emergencies in the Dental Office*. 7th ed. St. Louis, MO: Elsevier/Mosby, 2015.
7. Phinney, Donna J., and Judy H. Halstead. *Dental Assisting: A Comprehensive Approach*. 5th ed. Clifton Park, NY: Delmar, 2018.

#### Additional/Optional Study Resources

1. American Dental Assistants Association (ADAA). [www.dentalassistant.org](http://www.dentalassistant.org)
  - *General Chairside Assisting: A Review for a National Chairside Exam* (Course #613)
2. The DALE Foundation. [www.dalefoundation.org](http://www.dalefoundation.org).
  - *DANB GC Review Part I*
  - *DANB GC Review Part II*
  - *DANB GC Practice Test*
  - *Glossary of Dental Terms*

## 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](http://www.danb.org).
5. I authorize DANB to release my exam results and credential status to state regulatory agencies. Individuals cannot opt out of DANB release of exam results or credential status to state regulatory agencies. I also authorize DANB to use information from my application and exam(s) for statistical analysis, providing that any personal identification is deleted.
6. I understand that I can be disqualified from taking or continuing to sit for an exam, from receiving exam results or certificate and from obtaining certification if DANB determines through proctor observation, statistical analysis or any other means that I was engaged in collaborative, disruptive or other unacceptable behavior before, during the administration of, or following the exam.
7. I understand that the content of all DANB exams is proprietary and strictly confidential information. I hereby agree that I will not disclose, either directly or indirectly, any question or any part of any question from the exam to any person or entity. I understand that the unauthorized receipt, retention, possession, copying or disclosure of any DANB exam materials, including but not limited to the content of any exam question, before, during or after the exam may subject me to legal action. Such legal action may result in monetary damages and/ or disciplinary action including rescinding exam results and denying or revoking certification. I agree to comply with any investigation regarding my behavior, acts or omissions, related to DANB exams, certificates and/or certifications.
8. I understand that for each application submitted, DANB will process the appropriate payment. If I fail to show up for an exam for which I have applied, and there is no documented DANB-accepted emergency, and I failed to comply with DANB cancellation policies, I am still obligated to pay the full exam fee. I further understand that taking the exam and then revoking payment constitutes the wrongful use of DANB products and services and I may be subjected to legal action. I am obligated to pay for the exam whether I pass or fail. I agree not to dispute the exam fee. Exam results will be rescinded if the exam fee is not paid in full.

## Background Information Policy

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.

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

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

## Background Information Questions

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

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

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

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

- Suspension, revocation, or voluntary surrender of your dental assisting license, registration, or other state recognized dental assisting credential?
- Suspension, revocation, or voluntary surrender of a license, registration, or other state-recognized credential in any profession?
- Loss of authorization to practice dental assisting or any profession as an employee of the federal government?
- Loss of authorization to practice dental assisting or any profession in a jurisdiction that does not require registration, licensure, or other recognized employment credential?
- Disciplinary action by a professional regulatory board, certifying or examination agency, or other professional body?
- Investigation by or dismissal from an educational institution or employer for cheating, violating an educational institution's or other organization's code of conduct or similar document, or any other ethical violation?

### BIQ 3 Have you ever been declared mentally incompetent by a court of law?

## Documentation Required If 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 NYPDA and New York Combination Exam: RHS/ICE/NYPDA Application

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

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. Mail or email completed application and supporting documentation to DANB. Full payment is required at the time of application.

## Section A: Exam Information (Please sign and date with a pen.)

What exam(s) are you applying for?  NYPDA exam  New York Combination Exam: RHS/ICE/NYPDA

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

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

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

## Section D: 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  Cell or Home

## Section E: New York-Approved Dental Assisting Program (Required)

NYSED-Approved Dental Assisting Program Code  (Required; see page 14 for a list of program codes.)

## Section F: Education/Experience Information

- Dental assisting/hygiene program  On-the-job-trained assistant  Completed a course in dental assisting

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

Exam Fees	NYPDA \$270	RHS/ICE/NYPDA \$450	Candidate's Name <input type="text"/>	NYPDA 3860 RHS/ICE/NYPDA 3863
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- Check/Money Order payable to DANB (must include candidate's name and be in U.S. dollars)

- Credit Card Authorization (VISA, MasterCard, Discover & American Express accepted): Amount \$

Credit Card Number  CVV  Expiration  /

Cardholder's Name

Cardholder's 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 they registered and has not canceled 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.

## New York-Approved Dental Assisting Programs

Please use the Program Code corresponding to the educational program you completed when completing the application form on page 10 of this packet to take the NYPDA exam or New York Combination Exam: RHS/ICE/NYPDA. This code is required and enables DANB to provide data about NYPDA exam performance for each program's students to the New York State Department of Education.

*Please note that you may need to use a different code when applying individually for the DANB national RHS and ICE exams, the New York Combination Exam: RHS/ICE/NYPDA, or any other DANB national exam. Please contact DANB or your dental assisting program director for the appropriate code to use when applying for exams other than the NYPDA or New York Combination Exam: RHS/ICE/NYPDA.*

Code	Program	Code	Program
1610	Cattaraugus-Allegany BOCES 1825 Windfall Rd. Olean, NY 14760 (716) 376-8200	7019	Monroe Community College – Brighton Campus (DART) 1000 E. Henrietta Rd., Bldg. 8 Rochester, NY 14623 (585) 292-2761
7016	Erie Community College – North Campus 6205 Main St. Williamsville, NY 14221 (716) 842-2770	7027	Monroe Community College – Brighton Campus (On Campus) 1000 E. Henrietta Rd., Bldg. 8 Rochester, NY 14623 (585) 292-2761
7028	Greater Southern Tier BOCES – Bush Campus (High School) 459 Philo Rd. Elmira, NY 14903 (607) 739-3581	7020	Monroe 2 Orleans BOCES – Adult Education Program 3589 Big Ridge Rd. Spencerport, NY 14559 (585) 352-2504
7029	(Adult Education) 459 Philo Rd. Elmira, NY 14903 (607) 739-7905	4073	Monroe 2 Orleans BOCES – CTE Program 3589 Big Ridge Rd Spencerport, NY 14559-1709 (585) 352-2400
7030	Greater Southern Tier BOCES – Bush Campus (CDAMP) 459 Philo Rd. Elmira, NY 14903 (607) 739-3581	7021	Nassau BOCES Barry Tech 1196 Prospect Ave. Westbury, NY 11590 (516) 396-2390
7017	Hudson Valley Community College (DAC) 80 Vandenburg Ave. Troy, NY 12180 (518) 629-7442	7022	New York School for Med/Dent Assts 3310 Queens Blvd. Long Island City, NY 11101-2302 (718) 793-2330
7026	Hudson Valley Community College (ADAP) 80 Vandenburg Ave. Troy, NY 12180 (518) 629-7442	7023	Onondaga-Cortland-Madison BOCES 110 Elwood Davis Rd. Liverpool, NY 13090 (315) 453-4424
7018	Mandl School, The College of Allied Health 254 W. 54th St. New York, NY 10019 (212) 247-3434	7034_SC	Other

*List last updated on December 16, 2024*

## Application Checklist

### Have you:

- Read the instructions and information in this application packet?
- Read and agreed to be bound by New York and DANB rules, regulations, policies and procedures as noted in this application packet?  
(See *Application Statements*, p. 11)
- 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 on [www.danb.org](http://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](mailto: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.**