



This exam application packet includes applications for the following exams:

- New York Professional Dental Assisting exam (**NYPDA**)
- Radiation Health and Safety (**RHS**), Infection Control (**ICE**) and **NYPDA** combination exam

When applying for the New York Professional Dental Assisting exam, a state-specific DANB-administered exam, you are responsible for reading, understanding and complying with the policies and procedures in the State Candidate Handbook.

The Radiation Health and Safety (RHS) and Infection Control (ICE) exams are DANB exams. Candidates applying for these exams are responsible for reading, understanding and complying with the policies and procedures in the Candidate Handbook.

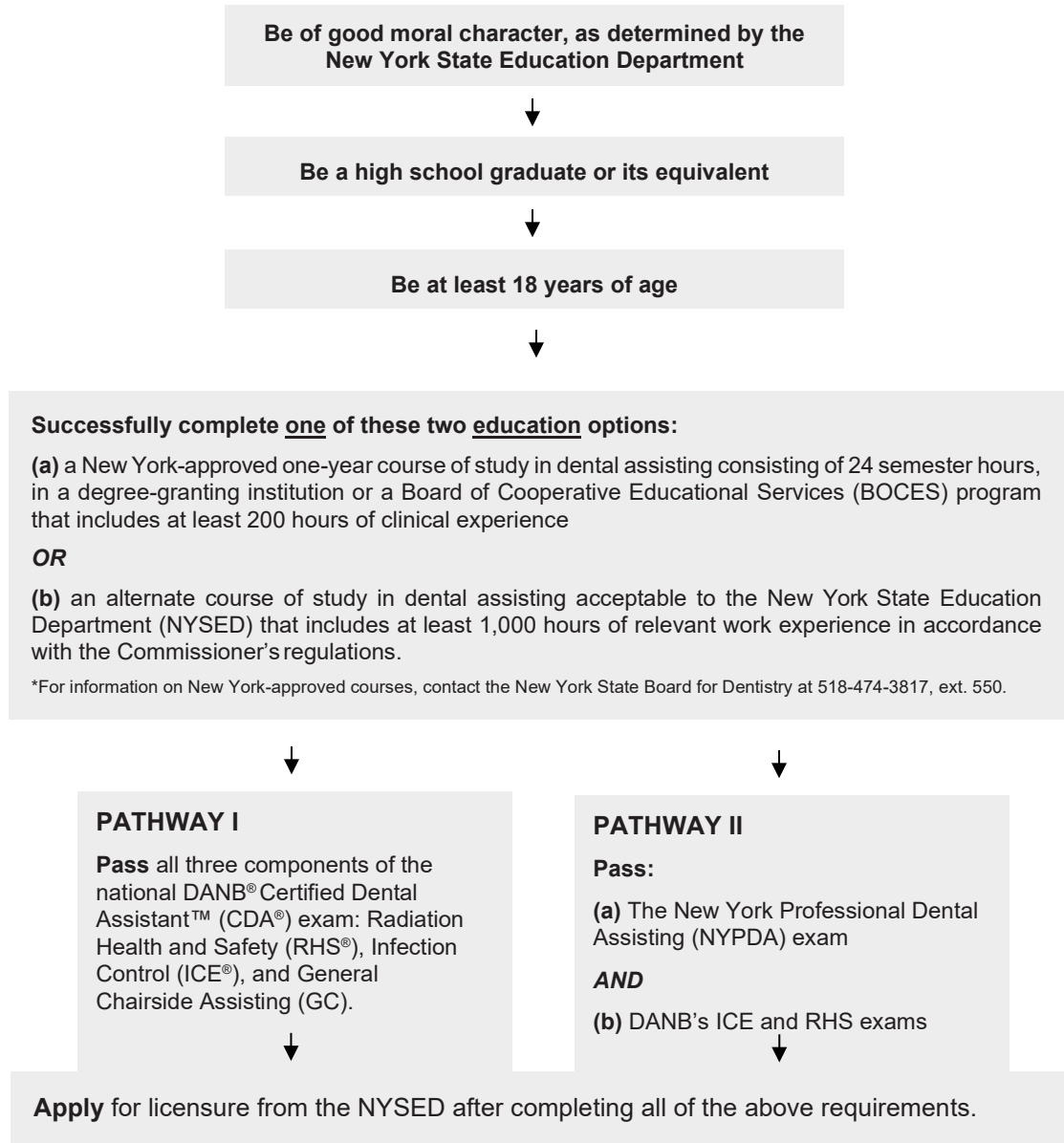
You may access both handbooks at www.danb.org/About-DANB/Forms-Used-on-This-Site.aspx.

DANB accepts 2022 applications through Dec. 31, 2022.

New York Professional Dental Assisting Exam

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 in order to perform supportive services under the direct supervision of a licensed dentist. To be licensed in the state of New York, one must:



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.

© 2022 Dental Assisting National Board, Inc. The DANB logo is a registered trademark of the Dental Assisting National Board, Inc. (DANB). NELDA®, CDA®, COA®, CRFDA®, CPFDA®, CDPMA®, COMSA®, DANB®, and Dental Assisting National Board® are registered certification marks of DANB. RHS®, ICE®, and Measuring Dental Assisting Excellence® are registered service marks of DANB. CERTIFIED DENTAL ASSISTANT™ is a certification mark of DANB. Mark of Dental Assisting Excellence™ is a service mark of DANB. Use of these marks is strictly prohibited, except as provided in the *Usage Guidelines for DANB Trademarks*, without the express written permission of DANB.

New York Professional Dental Assisting Exam

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.

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 prefabricating provisional crowns, selecting and prefabricating 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

Supervision Required for Registered Dental Assistants

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. 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, 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.

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.

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.

New York Professional Dental Assisting Exam

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 Certified Orthodontic Assistant (COA®) or Certified Oral and Maxillofacial Surgery Assistant (COMSA®) certificants who have passed DANB's ICE exam (i.e., those who earned the COA and/ or COMSA certification on or after June 1, 1994) 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. Current or former COA and COMSA certificants who earned the COA or COMSA certification before June 1, 1994, and all current or former Certified Dental Practice Management Administrators (CDPMA®) certificants must pass all three CDA component exams in Pathway I.

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. However, these individuals may continue to practice as Registered Dental Assistants in New York as long as they continue to meet New York licensure requirements.

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.

New York Professional Dental Assisting Exam

Testing with DANB

Timeline

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

Application processing within 4 weeks	DANB reviews your application and documentation within four weeks. Exams that do not require documentation may be processed more quickly.
Testing window 60 days	Upon application approval, you will be emailed a link to schedule an exam appointment. This link is also available in your DANB account. You have a 60-day testing window in which to schedule and take the exam.
Preliminary exam results available on exam day	You will receive preliminary results at the test center after completing your exam.
Official exam results 8 weeks from exam date	You will receive official exam results and any earned certificates by mail.

DANB ID Policy

When taking an exam, the candidate must present one form of identification (ID) at their exam appointment.

The candidate's ID must be:

- Currently valid, non-expired
- Government-issued
- Photo-bearing
- Signature-bearing
- In roman (not italic) characters
- The exact name as listed in their online DANB account

The printed name on the ID must match the name as it appears in DANB's database. Differences due to marital status changes without supplemental documentation are not allowed. The middle name is not required and does not need to be spelled out, but, if used, the first letter of the middle name must match the spelled-out name.

If the name in the candidate's online DANB account and ID do not match, the candidate must submit the Name Change Request form, available online in their DANB account or at www.danb.org/About-DANB/Forms-Used-on-This-Site.aspx, with acceptable documentation at least two full business days prior to the exam appointment.

Acceptable forms of identification include:

- U.S. driver's license
- Valid passport
- Military ID card
- U.S. ID card/State ID
- A U.S. government-issued permanent resident card (commonly known as the green card, formerly known as the alien registration card)
- Any other U.S. government-issued ID card bearing the candidate's photograph and signature
- Student ID, if a minor

New York Professional Dental Assisting Exam

Minors who are under the age of 18 are permitted to present a valid student ID as a form of identification, for either in-person testing or online proctored exams. In addition, for exams administered through online proctoring, the candidate's guardian must also present a valid ID and provide verbal consent during the check-in process.

The candidate will not be allowed to take the exam if the name on the ID does not match the registered name exactly, and the candidate would need to reapply. See the Missed Exam Appointment section for details.

Nondiscrimination Policy

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

Reasonable Accommodations for Candidates with Documented Disabilities

If you require accommodations to test:

1. Access your online DANB account and submit the request for accommodations and documentation with your exam application. Please download the Reasonable Accommodations form located here for information on required documentation: www.danb.org/Home/About-DANB/Forms-Used-on-This-Site.aspx.
2. If accommodations are approved, you will receive an email with a link to schedule your exam appointment within your 60-day testing window (also available in your online DANB account).

Schedule an Exam Appointment

Once your application is approved, you will receive a notification from DANB by email that provides a link to schedule your exam at a test center. You will have 60 days from the date your application is approved to schedule and take your exam.

You should schedule the exam appointment as soon as you receive an email from DANB, as appointments may be limited. Instructions are provided by email and within your online DANB account to schedule the exam appointment. Specific in-person test center locations, dates or times cannot be guaranteed; changes to in-person test center locations and/or hours may occur without notice.

Reschedule an Exam Appointment

To reschedule an exam appointment within the 60-day testing window, log into your account at www.danb.org. Click the link to your exam under Applications in Process, and follow the prompts to "Schedule" your exam. You will be redirected to your Pearson VUE dashboard. Select your exam and click "Reschedule" appointment on the right-hand side of your Authorization Details page. Once your appointment is rescheduled, you will receive an email confirmation from Pearson VUE. You may reschedule up to 24 hours before the scheduled appointment. Only the candidate may reschedule an exam appointment.

Request a New Testing Window

Candidates who do not schedule their exam within the original 60-day testing window may submit a request for a new testing window one time only, up to 60 days after their original window ends.

To request a new testing window, you must complete the following steps:

1. Access your exam application within your online DANB account and click on the name of the exam to be rescheduled, AND
2. If you have an existing exam appointment, cancel the appointment through Pearson VUE at least 24 hours before the scheduled exam start time by following the prompts to "Schedule" your exam. You will be redirected to your Pearson VUE dashboard. Select your exam and click "Cancel" appointment on the right-hand side of your Authorization Details page. Once your appointment is canceled, you will receive an email confirmation from Pearson VUE, AND

New York Professional Dental Assisting Exam

3. In your exam application on the DANB website, select the menu item on the left-hand side that says "Additional Options." Select "Request New Testing window," and follow the prompts to request a new window and submit payment. Submit a request and fee for a new 60-day testing window (the new testing window will start immediately upon successful submission of the request) within 60 days after the end of the original testing window.

Failure to cancel an exam appointment will result in forfeiture of the full exam fee, and the application is null and void.

You may request a new testing window only one time. After the first request for a new testing window, a current exam application with any required documentation and full fees must be submitted.

Cancel a Testing Window for a Partial Refund

If you do not wish to take the DANB exam for which you applied and would like to request a partial refund, you must complete the following steps before the end of your 60-day testing window:

1. Access your online DANB account and click on the name of the exam to be canceled, AND
2. Cancel the existing exam appointment through Pearson VUE at least 24 hours before the scheduled exam start time by following the prompts to "Schedule" your exam. You will be redirected to your Pearson VUE dashboard. Select your exam and click "Cancel" appointment on the right-hand side of your Authorization Details page. Once your appointment is canceled, you will receive an email confirmation from Pearson VUE, AND
3. In your exam application on the DANB website, select the menu item on the left-hand side that says "Additional Options." Select "Cancel Testing Window and Request Partial Refund," and follow the prompts to submit your request. Submit a request to cancel the testing window before the end of the 60-day testing window.

If you received a new testing window for an exam for any reason, including an emergency, you will not be eligible for a partial refund.

Once approved, DANB will issue a refund minus the \$75 processing fee and \$40 cancellation fee within 30 days (\$115 total retained by DANB). Visit www.danb.org/About-DANB/Forms-Used-on-This-Site.aspx for the Cancel a Testing Window form. All refunds will be issued to the payer.

Missed Exam Appointment

If you arrive more than 15 minutes after an exam appointment start time, you will be accommodated at the discretion of the test center administrator. If the administrator is unable to accommodate you, or if you do not take a scheduled exam because you missed the appointment (for any reason except a valid emergency) or you were denied entry, you may reapply for the exam at a reduced fee. You may only reapply at a reduced fee if you have not already requested a new testing window (due to an emergency or otherwise).

To request a new testing window due to a missed exam appointment, you must complete the following steps:

1. Access your exam application within your online DANB account and click on the name of the missed exam, AND
2. Submit a request and reduced fee for a new 60-day testing window within 60 days of the missed appointment date. The new testing window will start immediately upon successful submission of the request.

You will not be able to request a new testing window until your exam has been scored as Missed. Therefore you may need to wait up to one week after your missed appointment to submit the request online.

New York Professional Dental Assisting Exam

If you do not submit the request within 60 days from your missed appointment, you must reapply for the exam with a new application, any required documentation and the full fee.

If another appointment is missed (for any reason except a valid emergency) or the exam is not taken within the new testing window, a current exam application with full fee must be submitted; you may only request a new testing window due to a missed exam appointment one time.

Missed Exam Appointment Due to Emergency

If you miss your exam appointment due to a documented, DANB-accepted emergency:

1. Access your exam application within your online DANB account and click on the name of the missed exam, AND
2. Submit a request and documentation for a new 60-day testing window (the new testing window will start immediately upon approval of the request) within 60 days of the missed appointment date

Once your request has been reviewed, you will receive an automated email within 3-5 business days. Approved requests will receive a new 60-day testing window at no additional fee.

If the emergency request is denied, you will receive an email with instructions on how to reschedule your testing window at a reduced rate (only available up to 60 days after the missed exam appointment and only available if you did not already request a new testing window at a reduced rate or due to an emergency).

Call 1-800-367-3262 with any questions about what constitutes an emergency and appropriate supporting documentation.

Fair Testing Policy

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

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

New York Professional Dental Assisting Exam

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. 6)
- 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

Exam Reference Materials

DANB exam committees use the textbooks and reference materials on p. 6 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.

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

80 multiple-choice items
60 minutes testing time

<u>Domain</u>	<u>% of Items</u>
Expose and evaluate	26
Quality assurance and radiology regulations	21
Radiation safety for patients and operators	31
Infection control	22

Infection Control* (ICE) Exam Outline

80 multiple-choice items
60 minutes testing time

<u>Domain</u>	<u>% of Items</u>
Standard precautions and the prevention of disease transmission	20
Prevention of cross-contamination during procedures	34
Instrument/device processing	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.

New York Professional Dental Assisting Exam

Exam References

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.
 - *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.
 - *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.
 - *Hazard Communication Standard* (Code of Federal Regulations #29, Part 1910)
 - *Bloodborne Pathogens Standard* (1910.1030)
3. American Dental Assistants Association (ADAA). www.dentalassistant.org.
 - *An Introduction to Basic Concepts in Dental Radiography* (Course #715)
4. The DALE Foundation. 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.
 - *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

New York Professional Dental Assisting Exam

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.
 - *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.
 - *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.
 - *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.
 - *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.
 - *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.
 - *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
 - *General Chairside Assisting: A Review for a National Chairside Exam* (Course #613)
2. The DALE Foundation. www.dalefoundation.org.
 - *DANB GC Review Part I*
 - *DANB GC Review Part II*
 - *DANB GC Practice Test*
 - *Glossary of Dental Terms*

New York Professional Dental Assisting Exam

Application Statements

Please read the following Application Statements carefully. The Application Statements apply to all DANB-administered national and state-specific exams, certificate and certification renewal applications. The candidate's signature on the application indicates understanding and agreement to be legally bound by these statements.

1. I hereby apply to the Dental Assisting National Board, Inc. (DANB) for examination, a certificate and/or certification, in accordance with and subject to the procedures and policies of DANB and the regulations and requirements of any state agency on behalf of which DANB administers an exam or certificate program. Under penalty of perjury, I declare that the information provided on my application is true. I have read and agree to the requirements and conditions set forth in the DANB application packet, and the Candidate Handbook or State Candidate Handbook if applicable, covering eligibility for and the administration of exams, certificates, the certification process, and DANB policies, including but not limited to DANB's Code of Professional Conduct and DANB's Disciplinary Policy & Procedures. I agree to disqualification from the exam, to denial of an exam result, certificate or certification, and to forfeiture and return to DANB of any exam result, certificate granted me by DANB, in the event that any of the answers or statements made by me in this application are false, or in the event that I violate any DANB rules or policies. I agree to comply with any investigation in which I am named, and I authorize DANB to make whatever inquiries and investigations it deems necessary to verify my eligibility, credentials or professional standing.
2. I hereby release DANB, its directors, officers, examiners and agents from any and all liability arising out of or in connection with any action or omission by any of them in connection with this application, the certification process, any exam administered by DANB, any scoring relating thereto, the failure to issue me an exam result, certificate, or any demand for forfeiture or return of such exam result, certificate, and I agree to indemnify DANB and said persons and hold them harmless from any lawsuit, complaint, claim, loss, damage, cost or expense, including attorneys' fees, arising out of or in connection with said credentialing activities which include all DANB-administered exams and certificates. I UNDERSTAND THAT THE DECISION AS TO WHETHER I HAVE MET REQUIREMENTS FOR ADMISSION TO A DANB-ADMINISTERED EXAM OR RECEIPT OF A DANB-ADMINISTERED EXAM RESULT, CERTIFICATE OR CERTIFICATION RESTS SOLELY AND EXCLUSIVELY WITH DANB AND THAT THE DECISION OF DANB IS FINAL. Notwithstanding the above, should I file suit against DANB, I agree that any such action shall be governed by and construed under the laws of the State of Illinois without regard to conflicts of law. I further agree that any such action shall be brought in the Circuit Court of Cook County in the State of Illinois, or the United States District Court for the Northern District of Illinois; I consent to the jurisdiction of such state and federal courts; and I agree that the venue of such courts is proper. I further agree that should I not prevail in any such action, DANB shall be entitled to all costs, including reasonable attorneys' fees, incurred in connection with the litigation.
3. I understand that except as provided below, this application and any information or material received or generated by DANB in connection with this application or the exam process will be kept confidential and will not be released unless I have authorized such release or the release is required by law. I understand that DANB will verify receipt of any DANB exam application and the date received, on request. I further understand and agree that DANB may also provide verification to anyone by phone, by mail or on DANB's website regarding whether I hold any DANB certifications, any DANB certificates of knowledge-based competence and any state-specific certificates administered by DANB on behalf of a state, regulatory body. Phone and mail verification will be provided to anyone upon request and will consist of oral or written confirmation of whether I hold any DANB-administered credentials and the effective dates for each credential. Online verification through DANB's website may consist of online display of my name, the DANB-administered credentials I hold and dates earned, current DANB certification status, and my city and state of residence. My full address will not be posted online by DANB. I further understand and agree that DANB may, from time to time, provide my name, address, phone number to third parties (including but not limited to official DANB affiliates, potential employers; dental conference sponsors; federal, national or state organizations; or legislative committees or task forces proposing or information stakeholders of legislation). I further understand that this consent will remain in effect unless and until I submit a written request to have this information omitted from release. I understand that if I do not want DANB to display my city and state of residence as part of the online verification process, then I must submit a written request for omission of this information to the following address: DANB Communications Department, 444 N. Michigan Ave., Suite 900, Chicago, IL 60611. I understand that my name, credentials held [issued by DANB as described above] and current DANB certification status will be displayed for everyone; opting out of display of information is only possible for an individual's city and state.
4. I understand that by providing my email address on the application form, or by providing it through my online DANB account, I am consenting to receive email messages from DANB and its official affiliates related to their products and services or news affecting the oral healthcare profession. I understand that DANB agrees not to provide my email address to any other third party, excluding federal, national or state regulatory bodies, without my consent, and that I can request removal from DANB's email distribution list by following the directions contained in the Privacy Policy section of DANB's Terms and Conditions of Use of DANB.org, located at www.danb.org.
5. I authorize DANB to release my exam results and credential status to state regulatory agencies. Individuals cannot opt out of DANB release of exam results or credential status to state regulatory agencies. I also authorize DANB to use information from my application and exam(s) for statistical analysis, providing that any personal identification is deleted.
6. I understand that I can be disqualified from taking or continuing to sit for an exam, from receiving exam results or certificate and from obtaining certification if DANB determines through proctor observation, statistical analysis or any other means that I was engaged in collaborative, disruptive or other unacceptable behavior before, during the administration of, or following the exam.
7. I understand that the content of all DANB exams is proprietary and strictly confidential information. I hereby agree that I will not disclose, either directly or indirectly, any question or any part of any question from the exam to any person or entity. I understand that the unauthorized receipt, retention, possession, copying or disclosure of any DANB exam materials, including but not limited to the content of any exam question, before, during or after the exam may subject me to legal action. Such legal action may result in monetary damages and/ or disciplinary action including rescinding exam results and denying or revoking certification. I agree to comply with any investigation regarding my behavior, acts or omissions, related to DANB exams, certificates and/or certifications.
8. I understand that for each application submitted, DANB will process the appropriate payment. If I fail to show up for an exam for which I have applied, and there is no documented DANB-accepted emergency, and I failed to comply with DANB cancellation policies, I am still obligated to pay the full exam fee. I further understand that taking the exam and then revoking payment constitutes the wrongful use of DANB products and services and I may be subjected to legal action. I am obligated to pay for the exam whether I pass or fail. I agree not to dispute the exam fee. Exam results will be rescinded if the exam fee is not paid in full..

New York Professional Dental Assisting Exam

Background Information Policy

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 applicant 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 applicant 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.

New York Professional Dental Assisting Exam

2022 NYPDA and RHS/ICE/NYPDA Exams Application

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

1. Candidate must sign, date and submit all required documentation and fees to DANB.
Incomplete applications will be denied and a refund minus the \$75 nonrefundable application fee will be issued.
2. Mail or fax 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 RHS/ICE/NYPDA exam

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 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 10. 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?
<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?
<input type="checkbox"/> No <input type="checkbox"/> Yes | 3. Have you ever been declared mentally incompetent by a court of law?
<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 Home Cell

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

NYSED-Approved Dental Assisting Program Code _____ (Required; see page 11 for a list of program codes.)

Section F: Work Experience Information

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

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

Exam Fees **NYPDA** \$270 **RHS/ICE/NYPDA** \$450 Candidate's Name

NYPDA 3860
RHS/ICE/NYPD
A 3863

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 he/she registered and has not canceled the exam as described in this packet is still required to pay for the exam. (See the *Application Statements* for further requirements.)

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

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

New York Professional Dental Assisting Exam

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 RHS/ICE/NYPDA combination exam. 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 RHS/ICE combination exam, 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 RHS/ICE/NYPDA combination.

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
7024	Center for Instruction, Technology and Innovation- CiTi BOCES 179 County Rt. 64 Mexico, NY 13114 (315) 593-9461	7027	Monroe Community College – Brighton Campus (On Campus) 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	7020	Monroe 2 Orleans BOCES – Adult Education Program 3589 Big Ridge Rd. Spencerport, NY 14559 (585) 352-2504
7028	Greater Southern Tier BOCES – Bush Campus (High School) 459 Philo Rd. Elmira, NY 14903 (607) 739-3581	4073	Monroe 2 Orleans BOCES – CTE Program 3589 Big Ridge Rd Spencerport, NY 14559-1709 (585) 352-2400
7029	Greater Southern Tier BOCES – Bush Campus (Adult Education) 459 Philo Rd. Elmira, NY 14903 (607) 739-7905	7021	Nassau BOCES Barry Tech 1196 Prospect Ave. Westbury, NY 11590 (516) 396-2390
7030	Greater Southern Tier BOCES – Bush Campus (CDAMP) 459 Philo Rd. Elmira, NY 14903 (607) 739-3581	7022	New York School for Med/Dent Assts 3310 Queens Blvd. Long Island City, NY 11101-2302 (718) 793-2330
7031	Greater St. Paul's School of Nursing 2 Teleport Dr. Corporate Commons Two Staten Island, NY 10311 (718) 517-7700	7023	Onondaga-Cortland-Madison BOCES 110 Elwood Davis Rd. Liverpool, NY 13090 (315) 453-4424
7017	Hudson Valley Community College (DAC) 80 Vandenberg Ave. Troy, NY 12180 (518) 629-7442	7032	Stony Brook University, School of Dental Medicine South Dr. 184A Sullivan Hall Stony Brook, NY 11794 (631) 632-7998
7026	Hudson Valley Community College (ADAP) 80 Vandenberg Ave. Troy, NY 12180 (518) 629-7442	7015	SUNY Educational Opportunity Center 555 Ellicott St. Buffalo, NY 14203 (716) 849-6725
7018	MandI School, The College of Allied Health 254 W. 54th St. New York, NY 10019 (212) 247-3434	7033	Ulster BOCES South Dr. 175 Route 32 North New Paltz, NY 12561 (845) 331-5050
		7034_SC	Other

New York Professional Dental Assisting Exam

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. 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 the *Reasonable Accommodations Request* forms, if needed? Note: These forms can be found on www.danb.org.
- Made a copy of your entire application packet for your records?
- Addressed your envelope OR prepared your information to be faxed?

Mail to:

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

Fax credit card payments only to:

DANB
1-312-642-8507

If you have not:

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

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

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