



Dental Assisting
National Board

2026 Oregon EFDA-RF Certificate Application Packet

Includes an application for the following:

- Oregon Expanded Functions Dental Assistant – Restorative Functions (EFDA-RF) certificate

DANB Contact, Forms and Policies



Dental Assisting National Board
444 N. Michigan Ave., Suite 900
www.danb.org
1-800-367-3262 • danbmail@danb.org

When applying for a DANB-issued state exam, you are responsible for reading, understanding, and complying with the policies and procedures in the [State Candidate Handbook](#).

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

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

Requirements for Expanded Functions – Dental Assistant with Restorative Functions in Oregon

Certification in Expanded Functions — Dental Assistant with Restorative Functions (EFDA-RF) is regulated by the Oregon Board of Dentistry (OBD). The Dental Assisting National Board, Inc. (DANB) administers the certification program on behalf of the OBD, a service that includes providing information regarding exams and certifications, distributing application materials, and issuing certificates.

To perform placement and finishing of direct restorations, except gold foil, under the indirect supervision of a dentist, subject to OBD regulations, an Expanded Function Dental Assistant (EFDA) must hold a Restorative Functions certificate (EFDA-RF). To qualify, one must:

1. Hold the Oregon Expanded Functions Dental Assistant (EFDA) certificate

AND

2. Complete an OBD-approved restorative functions curriculum from a Commission on Dental Accreditation (CODA)-accredited program or other course of instruction approved by the OBD (See p. 3)

AND

3. Complete one of the following:

- a. Pass the CDCA-WREB-CITA's Dental Hygiene Restorative Exam* or other equivalent exam approved by the OBD within the 5 years preceding application

OR

- b. Pass the CDCA-WREB-CITA's Dental Hygiene Restorative Exam* or other equivalent OBD-approved exam more than 5 years before application

AND

Include verification from another state or jurisdiction that the candidate is legally authorized to perform restorative functions

AND

Include a licensed dentist endorsement that the candidate has completed at least 25 restorative procedures within the immediate past 5 years

AND

4. Apply for Oregon EFDA-RF certificate from DANB after completing all of the above requirements.

**CDCA-WREB-CITA has recently been renamed ADEX. Oregon regulations do not yet reflect this change.*

Inquiries regarding DANB exams, certificate, eligibility requirements and certificates should be addressed to DANB.

Inquiries regarding the state dental practice act should be addressed to: Oregon Board of Dentistry, 1500 SW 1st Ave., Ste. #770, Portland, OR 97201, or call 1-971-673-3200.

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OBD-Approved Restorative Functions Course Providers

Lane Community College

4000 E 30th Avenue
Eugene, OR 97405
(541) 463-5616
Curriculum Approved: April 2008

Oregon Health & Science University (OHSU School of Dentistry)

Continuing Dental Education Department
2730 SW Moody Avenue
Portland, OR 97201
(503) 494-8857
Curriculum Approved: April 2019

Oregon Institute of Technology

3201 Campus Dr.
Klamath Falls, OR 97601
(541) 885-1866
Curriculum Approved: May 2009

Pacific University

222 SE 8th Avenue, Suite 271
Hillsboro, OR 97123-4218
(503) 352-2673
Curriculum Approved April 2008

Portland Community College — Dental Assisting Program

1810 SW 5th Avenue
Portland, OR 97201
(971) 722-6633
Curriculum Approved: May 2009

Portland Community College — Institute for Health Professionals CE

1626 SE Water Avenue
Portland, OR 97214
(971) 722-6633
Curriculum Approved: December 2015

South Puget Sound Community College

2011 Mottman Road SW
Olympia, WA 98512
(360) 596-5295
Curriculum Approved: February 2015

List last reviewed December 5, 2025.

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 provide online credential verification that will display my name, the DANB-administered credentials I hold, dates earned, current DANB certification status, and my city and state of residence. I further understand and agree that DANB may also provide verification to parties such as employers, educators, regulators, and government agencies regarding receipt of any DANB exam application and the date received, whether I hold DANB certifications, DANB certificates of knowledge-based competence and state-specific certificates administered by DANB, including the pass/fail status of exams leading to certificates.
4. I understand that by providing my email address on the application form, 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.



2026 Oregon EFDA-RF Certificate Application

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

1. Candidate must sign, date and submit all required documentation and nonrefundable certificate fee to DANB. **Incomplete applications will be denied.**
2. Enclose proof of OBD-approved program completion.
3. Enclose proof of successful completion of the WREB Restorative exam.
4. Enclose completed *Out-of-State Credential Verification* form and *Out-of-State Work Experience Verification* form **mailed directly to DANB from the state board or licensed dentist** (if needed).
5. Mail or email completed application and supporting documentation to DANB. Full payment is required at the time of application.

OR-EFDA-RF Certificate
3884c24

Section A: Signature and Date (Please sign and date with a pen.)

I hereby affirm that my answers to all questions are true and correct. I have met all eligibility requirements, and I will comply with all DANB and OBD 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 certificate fee is not refundable under any circumstances. I hereby apply in accordance with the rules and regulations governing the certificate. I hereby agree that prior or subsequent to issuance, the OBD or DANB may investigate my eligibility and may refuse to issue the certificate 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 certificate fee accompanying the application.

Signature

Date

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

Last Four SSN Date of Birth

Name (must match current ID exactly):

Last First Middle Name/Initial

Prior Name (if applicable) Email (required)

Home Address City State Zip

Phone Numbers (at least one is required):

Office Cell and Home

Section C: Eligibility Information

- ☐ Passed the WREB Restorative exam within the past five years. Date Completed **OR**
- ☐ Passed the WREB Restorative exam more than five years ago: Date Completed **AND**
- Out-of-state credential: Must attach *Out-of-State Work Credential Verification* form (p. 6) **AND**
 - Out-of-state work experience: Must attach *Out-of-State Work Experience Verification* form (p. 7)

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

- ☐ Check/Money Order payable to DANB (must include candidate's name and be in U.S. dollars)
- ☐ Credit Card Authorization (VISA, MasterCard, Discover & American Express accepted):

Amount **\$50.00**

OR-EFDA-RF Certificate
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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 apply for the certificate shown above in the amount of the total shown hereon and agrees to perform the obligations set forth in the cardholder's agreement with the issuer. (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.



2026 Out-of-State Credential Verification Form

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

Must be filled out completely by the state dental board and submitted with your certificate application. DANB will verify out-of-state credentials with the state of origin.

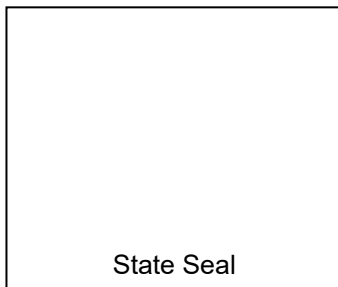
Section A: Candidate Information

Name	<input type="text"/>				
Credential Number	<input type="text"/>	Date Issued	<input type="text"/>		
Address	<input type="text"/>	City	<input type="text"/>	State	<input type="text"/> <input type="text"/>
				Zip	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Section B: Credential Information

I hereby attest that the above named candidate was granted license/certificate number to perform the restorative functions in the State of .

Secretary Signature Date



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



2026 Out-of-State Work Experience Form

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

Must be filled out completely by a dentist licensed in a state other than Oregon and submitted with your certificate application. DANB will contact the dentist to verify the signed statement.

Section A: Dentist's Information

Licensed Dentist's Name	<input type="text"/>	Email (required)	<input type="text"/>
License Number	<input type="text"/>	State Issued	<input type="text"/>
Dental Practice Address	<input type="text"/>		City <input type="text"/>
State <input type="text"/>	Zip <input type="text"/>	Office Phone Number	<input type="text"/>

Section B: Work Experience

A licensed dentist, licensed in any state other than Oregon (license will be verified by DANB staff), from any country, can assess the work experience of a dental assistant in the country that the verifying dentist supervised/trained the dental assistant for whom he/she is completing a DANB *Out-of-State Work Experience Verification Form*.

Candidate Name

I hereby attest that the above-named candidate has successfully completed at least restorative procedures within the immediate five years, and all functions were performed on a live patient. Any functions performed on typodonts will not be accepted.

Dates candidate was employed: From / To /
Month Year Month Year

If an assistant has worked as a dental assistant for more than one dentist during the required time period, the dentist may verify all work experience, or the candidate may attach a letter on office letterhead from all dentists worked for during the time period. Each letter must be signed and dated by the dentist and include the dentist's license number, the month and year the assistant began and ended employment, if the assistant was employed full or part time and that the assistant worked as a dental assistant. This form must be completed by at least one of the candidate's current or former employers and included with the application. DANB will accept multiple work experience verification forms in lieu of letters from former employers.

By signing this form, I further attest that I have personally trained or can verify that the candidate has been trained in restorative procedures that are legally allowable in the state the candidate accrued dental assisting work experience.

Dentist's Signature Date

Application Checklist

Have you:

- ☐ Read the instructions and information in this application packet?
- ☐ Read and agreed to be bound by Oregon and DANB rules, regulations, policies and procedures as noted in this application packet? (See *Application Statements*, p.4)
- ☐ Filled out the certificate application in its entirety?
- ☐ Signed and dated the certificate application?
- ☐ Enclosed the certificate fee or provided credit card information?
- ☐ Enclosed the proof of OBD-approved program completion?
- ☐ Enclosed proof of successful completion of WREB Restorative exam?
- ☐ Made a copy of your entire application packet for your records?
- ☐ Addressed your envelope OR prepared your information to be emailed?

Mail to:

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

Email credit card payments only to:

financefax@danb.org

If you have not:

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

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

Incomplete certificate applications will be denied and the \$50 nonrefundable certificate fee will be retained by DANB.