



Dental Assisting
National Board

2026 Oregon EFODA Certificate Application Packet (Pathways II and III)

Includes an application for the following:

- Expanded Function Orthodontic Dental Assistant (EFODA) certificate – Pathways II and III

To earn the Oregon EFODA certificate, a candidate must:

1. Complete one of the two exam/certification requirement options listed below:
 - a. Have earned the Certified Dental Assistant (CDA) or Certified Orthodontic Assistant (COA) certification or already passed the Infection Control (ICE) exam and pass the Oregon Expanded Functions – Orthodontic Assisting (ORXO) exam **OR**
 - b. Pass the Oregon Orthodontic Expanded Functions with Infection Control (OR-OEFIC) exam)
2. Submit the Licensed Dentist Endorsement (LDE) form with the certificate application (see p. 6)
3. Submit application for the Oregon EFODA certificate to DANB (see p. 5)

DANB Contact, Forms and Policies



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

www.danb.org

1-800-367-3262 • danbmail@danb.org

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

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

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

Eligibility Pathways for Expanded Functions Orthodontic Dental Assistants in Oregon

Performance of EFODA functions in Oregon is regulated by the Oregon Board of Dentistry (OBD). The Dental Assisting National Board, Inc. (DANB) administers the Oregon EFODA certificate program on behalf of the Oregon Board of Dentistry, a service that includes providing information regarding exams and certifications, distributing application materials, administering the required exams and issuing certificates.

To perform expanded orthodontic functions in Oregon, a dental assistant must earn status as an Expanded Function Orthodontic Dental Assistant (EFODA). To qualify, one must meet the requirements of one of the pathways listed on the following web page:

www.danb.org/state-requirements/detail/oregon-state-requirements.

** Candidates who passed the Oregon Basic (ORB) exam prior to its discontinuation in January 2024 may still use their ORB results to qualify for an Oregon expanded function certificate.*

IMPORTANT: Candidates must receive EFODA certification **within six months** of passing required exams

Upon passing the required exam(s), a **dental assistant is authorized to perform expanded function orthodontic duties under the indirect supervision of a dentist for six months**. The authorized dental assistant must submit the EFODA certificate application and included licensed dentist endorsement form to DANB within that 6-month period. In accordance with OAR 818-042-0110 (b) If no expanded function certificate is issued within the six months, the dental assistant is no longer able to continue to perform expanded function duties until EFODA certification is achieved

***Indirect Supervision:** A dentist must authorize the procedures and be on the premises while the procedures are being performed. Unless otherwise specified, dental assistants work under indirect supervision in the dental office.*

See the next page for a list of duties that holders of the Oregon EFODA certificate are authorized to perform.

Inquiries regarding DANB exams, 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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Expanded Function Orthodontic Dental Assistant Duties

An Oregon EFODA certificate allows a dental assistant to perform the following duties:

- remove orthodontic bands and brackets and attachments with removal of the bonding material and cement using an ultrasonic scaler, hand scaler, or slow-speed handpiece
- select or try orthodontic bands for fit
- recement loose orthodontic bands
- place and remove orthodontic separators
- prepare teeth for bonding or placement of orthodontic appliances and select, pre-position and cure orthodontic brackets, attachments and/or retainers after their position has been approved by the supervising licensed dentist
- fit and adjust headgear
- remove fixed orthodontic appliances
- remove and replace orthodontic wires
- place and ligate archwires; place elastic ligatures or chains as directed
- cut archwires

An EFODA may also perform additional expanded functions that are not listed here under general supervision or after completing additional education/training in those functions. For details, see the "Allowable and Prohibited Duties" chart linked from the Oregon page in the State Requirements area of DANB's website (www.danb.org).

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 EFODA Certificate Application – Pathway II or III

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

1. **Candidate must have obtained or passed all required certifications or exams (see cover page of this packet)**
2. Candidate must sign, date and submit the non-refundable certificate fee to DANB
3. Candidate must submit a completed Licensed Dentist Endorsement (LDE) form
4. **Incomplete applications will be denied.**
5. Candidate must mail or email completed application and supporting documentation to DANB. Full payment is required at the time of application.

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	
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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	
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Prior Name (if applicable) Email (required)

Home Address		City		State			Zip					
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Phone Numbers (at least one is required):

Office		Cell or Home	
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Section C: 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** (nonrefundable)

OR-EFODA
Certificate
3884c30

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 Oregon EFODA Licensed Dentist Endorsement Form

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

1. A dentist licensed in Oregon must sign, date and complete all sections on this form.
2. Mail or email completed licensed dentist endorsement form and completed Oregon EFODA Certificate application (p. 5) to DANB. Full payment is required at the time of application.

Section A: Dentist Licensed in Oregon Information

Name	<input type="text"/>	Email (required)	<input type="text"/>
License Number	<input type="text"/>	Phone number	<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"/>
I hereby certify that <input type="text"/> has successfully performed the following functions on the dates indicated below.			
Candidate's Name			
Signature	<input type="text"/>	Date	<input type="text"/>

Section B: Clinical Skills

Numbered, blank spaces are provided below to record dates (month/date/year) the following functions were performed. (If functions are not performed in your office, you must find another office where they can be completed.) All functions must be performed within the past **six months**, and all functions must be performed on a live patient. Any functions performed on typodonts will not be accepted.

Place and ligate orthodontic wires on ten (10) patients:

1. <input type="text"/>	2. <input type="text"/>	3. <input type="text"/>	4. <input type="text"/>
5. <input type="text"/>	6. <input type="text"/>	7. <input type="text"/>	8. <input type="text"/>
9. <input type="text"/>	10. <input type="text"/>		

Remove bands/brackets and remaining adhesive using an ultrasonic, hand scaler or a slow-speed hand piece from teeth on four (4) patients:

1. <input type="text"/>	2. <input type="text"/>	3. <input type="text"/>	4. <input type="text"/>
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Questions? 800-367-3262 or danbmail@danb.org

Email application to: financefax@danb.org
Do not submit twice or you will be charged twice.

Application Checklist

Have you:

- ☐ Read the instructions and information in this application packet?
- ☐ Read and agreed to be bound by 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 completed *Licensed Dentist Endorsement Form*?
- ☐ Enclosed the exam and/or certificate fee or provided credit card information?
- ☐ 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,
- enclosed the Licensed Dentist Endorsement Form, 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.