Dental Assisting National Board

2026 Oregon EFPDA Certificate

Application Packet (Pathway III)

Includes an application for the following:

- Oregon Expanded Function Preventive Dental Assistant (EFPDA) certificate — Pathway III

To earn the Oregon EFPDA certificate, a candidate must:

1. Hold the Oregon Certificate of Radiologic Proficiency (ORCR)
2. Have passed the Oregon Expanded Functions with Infection Control (OR-EFIC) exam, **or** the Coronal Polishing with Infection Control (CPIC) exam
3. Submit the Licensed Dentist Endorsement (LDE) form with the certificate application (see pg. 6)
4. Submit application for the Oregon EFPDA certificate to DANB (see pg. 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 Function Preventive Dental Assistants (EFPDA) in Oregon

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

To perform expanded preventive functions in Oregon under the supervision of a licensed dentist, a dental assistant who does not hold the Oregon EFDA certificate must earn status as an Expanded Function Preventive Dental Assistant (EFPDA). 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.

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

Upon passing the required exam(s), a **dental assistant is authorized to perform expanded function preventative duties under the indirect supervision of a dentist for six months**. The authorized dental assistant must submit the EFPDA certificate application and included licensed dentist endorsement form to DANB within that 6-month period. In accordance with OAR 818-042-0113 (b), if no expanded function preventive certificate is issued within the six months, the dental assistant is no longer able to continue to perform expanded function preventive duties until EFPDA 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 EFPDA 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

Expanded Function Preventive Dental Assistant Duties

An Oregon EFPDA certificate allows a dental assistant to perform the following function under the indirect supervision of a licensed dentist:

- polish the coronal surfaces of teeth with a brush or rubber cup as part of oral prophylaxis to remove stains providing the patient is checked by a dentist or dental hygienist after the procedure is performed, prior to discharge

- apply pit and fissure sealants under the indirect supervision of a dentist or dental hygienist after successful completion of a CODA-accredited program or other course approved by the Oregon Board, provided the patient is examined before the sealants are placed and the procedure is checked by a dentist or dental hygienist prior to dismissal of the patient. Sealants must be placed within 45 days of the procedure being authorized by a dentist or dental hygienist

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 EFPDA Certificate Application – Pathway III

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

OR-EFPDA Certificate 3884c28

1. Candidate must hold the Oregon Radiologic Proficiency Certificate.
2. **Candidate must have passed all required exams (OR-EFIC or CPIC)**
3. Candidate must sign, date and submit certificate application along with nonrefundable certificate fee to DANB.
4. Candidate must submit a completed Licensed Dentist Endorsement (LDE) form **Incomplete applications will be denied.**
5. 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 _____

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 or Home _____

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)

OR-EFPDA Certificate 3884c28

☐ Credit Card Authorization (VISA, MasterCard, Discover & American Express accepted): Amount **$50.00**

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 EFPDA 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 EFPDA Certificate application (p. 5) to DANB. Full payment is required at the time of application.

Section A: Dentist Licensed in Oregon Information

Name _____ Email (required) _____

License Number _____ Phone Number _____

Address _____ City _____ State _____ Zip _____

I hereby certify that _____ has successfully performed the following functions on the dates indicated below.
Candidate's Name

Signature _____ Date _____

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 per- formed in your office, you must find another office where they can be completed.) All functions must be performed within the past **two years**, and all functions must be performed on a live patient. Any functions performed on typodonts will not be accepted.

Polish coronal surfaces of teeth with brush or rubber cup as part of oral prophylaxis on six patients:

1. _____ 3. _____ 5. _____
2. _____ 4. _____ 6. _____

Application Checklist

Have you:

- ☐ Passed all required exams?
- ☐ 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 a copy of your Oregon Radiologic Proficiency Certificate?
- ☐ 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, 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.