



Dental Assisting  
National Board

# 2023 WARE Exam

## Application Packet

Includes an application for the:

- Washington State Restorative (WARE) Exam

### DANB Contact, Forms and Policies



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

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

Phone: 1-800-367-3262 • Email: [danbmail@danb.org](mailto:danbmail@danb.org)

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

Find all of DANB's policies and forms at [www.danb.org/exams/forms-and-policies](http://www.danb.org/exams/forms-and-policies).

DANB accepts 2023 exam applications through Dec. 31, 2023.

## Washington Expanded Function Dental Auxiliary Requirements

To become an Expanded Function Dental Auxiliary (EFDA) in Washington, a dental assistant must:

- 1a. Graduate from a Commission on Dental Accreditation (CODA)-accredited dental assisting program; **OR**
- 1b. Be DANB Certified Dental Assistant (CDA) certified (after meeting DANB CDA or General Chairside Assisting exam pathway II eligibility requirements, and completing an additional dental assisting review course);  
**AND**
2. Complete an EFDA course approved by the Dental Quality Assurance Commission (DQAC)  
**AND**
3. Pass the WARE\* exam administered by DANB  
**AND**
4. Pass the clinical restorative exam administered by the Western Regional Examining Board (WREB) or the Central Regional Testing Service (CRDTS)  
**AND**
5. Provide any other information determined by DQAC  
**AND**
6. Apply to DQAC for an EFDA license

EFDA's must hold current and valid health care provider basic life support (BLS) certification.

The first two requirements (1a or 1b, and 2) must be completed before applying to take the WARE exam.

*\*Note: An individual licensed in another state may be licensed as an EFDA in Washington without examination if the DQAC determines that the other state's licensing standards are substantially equivalent to Washington's standards. Contact the Washington Dental Quality Assurance Commission for application information.*

**This application packet provides information on the exam and exam requirements for dental assistants applying to be Washington Expanded Function Dental Auxiliaries. Within guidelines established by state law, the Dental Quality Assurance Commission (DQAC) in Washington determines exam policy and standards.**

Direct all questions regarding the WARE exam to DANB at 800-367-3262 or danbmail@danb.org.

All inquiries regarding licensure, eligibility requirements and requests for licensure applications should be addressed to: Dental Quality Assurance Commission, P.O. Box 1099, Olympia, WA 98507-1099; 360-236-4700

The DQAC issues the state license when expanded functions requirements are met.

## Exam Eligibility Requirements

To be eligible for the WARE exam, an individual must meet the following requirements:

1. Pay the correct fee.
2. Submit a completed application.
3. Graduate from a Commission on Dental Accreditation (CODA)-accredited dental assisting program or be a DANB CDA certificant.
  - a. Enclose a photocopy of the candidate's certificate of completion/diploma or an original official transcript in a sealed envelope from the school (document must show proof of program completion) OR enter the candidate's current DANB CDA certification number on the application
4. Successfully complete a DQAC-approved training program for qualifying expanded function dental auxiliary. DANB will also accept applications from candidates who are scheduled to complete the training program within 30 days of applying for the exam. Acceptable programs are listed below.
  - a. Enclose a photocopy of a certificate of completion or official transcript (in a sealed envelope from the school) from a DQAC-approved EFDA course, indicating course completion OR
  - b. If completing the program within 30 days, enclose a letter from the program director on school letterhead (include candidate's name, name of the program, anticipated graduation date, signed and dated by program director)

## DQAC-Approved Programs in Expanded Function Dental Auxiliary

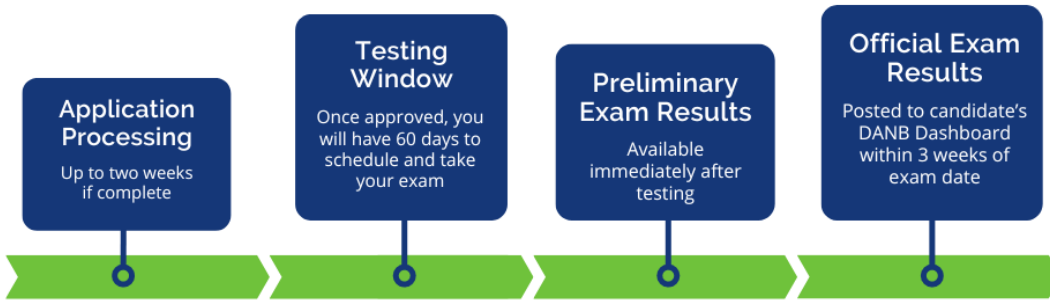
<b>Program Code</b>	<b>Program Name</b>
6700	Spokane Community College (December 2008-present)
6701	South Puget Sound Community College (March 2009-present)
6702	Seattle Central Community College (July 2009-December 2015)
6703	Institute for Dental Education and Leadership Success (March 2010-December 2012)
6704	Bellingham Technical College (September 2010-February 2021)
6705	Naval School of Health Sciences-Expanded Functions Program (1997-2007)
6706	Naval School of Health Sciences- Advanced Dental Assistant Program (2007-present)

*List last updated on November 18, 2022.*

# Testing with DANB

## Timeline

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



## DANB ID Policy

When taking an exam, you must present one form of identification (ID) at your exam appointment.

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 your online DANB account

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

If the name listed on your account does not exactly match your ID, a Name Change Request must be processed through your DANB Dashboard with acceptable documentation. Contact DANB if any assistance is needed.

Acceptable forms of identification include:

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

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

## Nondiscrimination Policy

DANB does not discriminate in application, 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

Please see the [Reasonable Accommodations form](#) for complete information on accommodations.

## Scheduling an Exam Appointment

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

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

## Canceling or Rescheduling an Exam Appointment

All exams can be canceled or rescheduled online through Pearson VUE. Exams scheduled at a test center can be canceled or rescheduled up to 24 hours before the appointment time. To cancel or reschedule your exam, please follow the steps below:

1. Log in to your DANB account to access your DANB Dashboard.
2. Select the exam you would like to reschedule under the heading “Applications in Process.”
3. Click the “Schedule Exam” button.
4. Select your upcoming exam appointment within your Pearson Dashboard.
5. Follow the prompts to cancel or reschedule your exam.
6. Confirm your new appointment or cancellation details in the automated email sent from Pearson. If you did not receive an email from Pearson, your exam appointment has not been canceled or rescheduled.

## Requesting a New Testing Window

If you cannot schedule or reschedule an exam appointment before the end of your original 60-day testing window, you may request a new 60-day testing window **one time**. The request must be submitted within 60 days after the end of your original testing window. If you do not take the exam within the new testing window, you must submit a new exam application with any required documentation and full fees. Any testing window received at a reduced fee is not eligible for a refund. For additional information, please see the required [Request a New Testing Window form](#).

## Canceling a Testing Window and Requesting a Partial Refund

If you do not wish to take the DANB exam for which you applied and would like to request a partial refund, you must submit a [Request to Cancel a Testing Window form](#). For additional information, please see the required [form](#).

## Missed Exam Appointment

Any exam that is missed for any reason other than a documented emergency may be rescheduled at a reduced fee ONE TIME by following the below steps:

1. Access the exam application on your DANB Dashboard by clicking the name of the missed exam, AND
2. Submit a request and payment for the new 60-day testing window within 60 days of the Missed Exam date. The new testing window will start immediately upon successful submission of the request.

Exams are considered missed if you were not able to take your scheduled exam for any reason. This includes (but is not limited to): arriving late, providing an unacceptable ID, confusion over appointment details, and any technical issues for online testing.

If you do not submit your request within 60 days, you must reapply for the exam with the full fee.

## Missed Exam Appointment Due to Emergency

At discretion, DANB may issue candidates a new 60-day testing window with no additional cost for qualifying emergencies. To submit a request for a new testing window, following an emergency, you must:

1. Access the exam application on your DANB Dashboard by clicking the name of the missed exam, AND
2. Submit a request with a description of your emergency with dated supporting documentation within 60 days of the missed exam appointment.

Requests will be reviewed within 3-5 business days. Approved requests will receive a new 60-day testing window at no additional fee. If an emergency is denied, please see Missed Exam Appointment section above.

## Fair Testing Policy

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

# About DANB Exams

## How to Prepare to Take an Exam

### STEP 1: REVIEW THE EXAM OUTLINE

The outlines identify every topic found on a particular exam. Review each topic and identify the areas in which you need further study.

### STEP 2: CHOOSE YOUR STUDY MATERIALS

Obtain study materials. Options include:

- Suggested reference list (see p. 9)
- Textbooks and other reference materials
- The DALE Foundation's review courses and study aides (the DALE Foundation is the only official DANB affiliate)

### STEP 3: MAKE A STUDY PLAN

- Reading and re-reading is usually not enough.
- Review previously studied topics every few days
- Assist in understanding by tying what you learn to real-life experiences
- Understand the rationale for correct performance and not just how to perform a procedure
- Make a practice test and use flashcards

### WARE Exam Outline

125 multiple-choice items • 1 ½ hours testing time

Domain	% of Items
<b>I. RESTORATIVE FOUNDATION TOPICS</b>	<b>7</b>
a. Armamentarium	
b. Matrices, retainers and wedges	
c. Tissue management	
d. Cavity classifications (I through VI)	
e. Cavity preparation terminology	
f. Bonding, bases and liners	
<b>II. AMALGAM RESTORATIONS</b>	<b>18</b>
a. Physical properties of amalgam	
i. Safety protocol	
ii. SDS protocol	
b. Patient management	
c. Moisture control and contamination prevention of the cavity preparation	
d. Place, condense and carve amalgam restoration	
i. Advantages/disadvantages	
ii. Indications/contraindications	
e. Check and adjust occlusal relations	
f. Evaluate restoration	
g. Post-operative instructions	
<b>III. COMPOSITE RESTORATIONS</b>	<b>30</b>
a. Rationale for placing composite restorations	
b. Classifications of composite resin materials	
i. Uses	
ii. Advantages/disadvantages	
iii. Indications/contraindications	
c. Glass ionomers and compomers	
i. Placing	
ii. Finishing	
d. Physical properties of composites/glass ionomers/compomers	
i. Shrinkage	
ii. Thermal expansion	

- iii. Wear resistance
  - iv. Composition
- e. Shade selection
- f. Moisture control and contamination prevention
- g. Steps for placing and finishing composite restoration
- h. Occlusal relations
  - i. Check
  - ii. Adjust
- i. Evaluate restoration
- j. Post-operative instructions

#### IV. FINAL IMPRESSIONS

24

- a. Common anomalies to examine before taking an impression
- b. Oral fixed and removable prosthesis
- c. Impression material
  - i. Preliminary
  - ii. Polyether
  - iii. Polysulfide
  - iv. Polyvinyl siloxane
  - v. Reversible hydrocolloid
- d. Management of material when using more than one material simultaneously
- e. Altering setting time
- f. Selecting appropriate tray
- g. Moisture control and isolation
- h. Gingival deflection and retraction including homeostasis
- i. Patient management
  - i. Instructing patient during impression procedure
  - ii. Gag reflex control
  - iii. Saliva control
- j. Insertion and removal of impression tray
  - i. Patient position
  - ii. Operator position
- k. Evaluation of the final impression
- l. Management of final impression
- m. Laboratory prescription
- n. Computer assisted design and manufacture application
- o. Bite registration

#### V. CORONAL POLISH

7

- a. Rationale for performing coronal polish
- b. Contraindications
- c. Modifications
- d. Dental deposits
  - i. Soft deposits
  - ii. Calculus
  - iii. Stains
- e. Abrasives and polishing agents
  - i. Abrasives
  - ii. Types of abrasives
- f. Equipment and supplies
  - i. Use of dental handpiece for coronal polish
  - ii. Use of the rubber prophylaxis cup
  - iii. Systematic procedure
  - iv. Prophylaxis brush
  - v. Dental tape and dental floss
- g. Auxiliary polishing aids
  - i. Bridge threaders
  - ii. Abrasive polishing strips
  - iii. Softwood points

iv. Interproximal brushes

<b>VI. FLUORIDE</b>	<b>7</b>
a. Fluoridation	
b. Effects of fluoride	
c. Fluoride in dental plaque	
d. Fluoride toxicity	
e. Forms of fluoride	
f. Fluoride rinses	

<b>VII. ENAMEL SEALANTS</b>	<b>7</b>
a. Indications and contraindications	
b. Materials	
c. Placement	

## Exam Reference Materials

DANB exam committees use the textbooks and reference materials listed below 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.

1. Bird, Doni L., and Debbie S. Robinson. *Modern Dental Assisting*. 13<sup>th</sup> ed. Elsevier, 2020.
2. Hatrick, Carol D., and W. S. Eakle. *Dental Materials: Clinical Applications for Dental Assistants and Dental Hygienists*. 3<sup>rd</sup> ed. St. Louis, MO: Elsevier/Saunders, 2016.
3. Phinney, Donna J., and Judy H. Halstead. *Dental Assisting: A Comprehensive Approach*, 5<sup>th</sup> ed. Delmar, 2017.



## Application Statements

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

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

# 2023 WARE Exam Application

This application will be accepted through Dec. 31, 2023.

1. Candidate must sign, date and submit all required documentation and fees to DANB.  
**Incomplete applications will be denied and a refund minus the \$75 nonrefundable application fee will be issued.**

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

## Section A: 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 DQAC 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 DQAC 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 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  Home  Cell

## Section C: Eligibility Information

1. DQAC-Approved Training Program ID (see p. 3)
  2. CODA-Accredited Dental Assisting/Hygiene Program ID (see www.danb.org)
- OR current DANB CDA Certification Number

## 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 **\$325.00**

WARE  
3936

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

Email application to: [financefax@danb.org](mailto: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 DQAC and DANB rules, regulations, policies and procedures as noted in this application packet? (See *Application Statements*, p. 9)
- 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 required documentation demonstrating completion of requirements
- Enclosed the *Reasonable Accommodations Request* forms, if needed?  
Note: these forms can be found at [www.danb.org](http://www.danb.org).
- Made a copy of your entire application packet for your records?
- Addressed your envelope OR prepared your information to be emailed?

### *Mail to:*

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

### *Email credit card payments only to:*

[financefax@danb.org](mailto:financefax@danb.org)

### If you have not:

- completed the application in full,
- enclosed, signed and dated your application,
- enclosed supporting documentation, 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.**