



Dental Assisting National Board

This exam application packet includes the application for the:

- Washington State Dental Hygiene Drug and Law (WSJ) Exam

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](https://www.danb.org/exams/forms-and-policies), available at <https://www.danb.org/exams/forms-and-policies>.

DANB accepts 2022 applications through Dec. 31, 2022.

# Washington State Dental Hygiene Drug and Law Exam

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## Washington State Dental Hygiene Drug and Law Exam Information

This application packet provides information concerning the Washington State Dental Hygiene Drug and Law (WSJ) exam required for Dental Hygienist licensure in the state of Washington.

The WSJ Exam is administered by the Dental Assisting National Board, Inc. (DANB) under an agreement with the Washington State Department of Health (WSDOH). This exam consists of 20 items covering the Washington State Dental Hygiene Practice Act, Dental Regulations for the State of Washington and legend (Prescription) drugs.

Exams are administered in a computerized format and can be taken at any of the national test centers contracted by DANB, or from your home as an online proctored exam. For important information regarding taking a test center exam vs. an online proctored exam, please see the [State Candidate Handbook](#), also available at <https://www.danb.org/exams/forms-and-policies>. Candidates are given 45 minutes to complete the 20-item exam. Pertinent sections of the act, regulations, and prescription drug references appear on the computer screen adjacent to each test question.

The following links to Washington state websites are included as reference points for candidates who wish to prepare for the Washington State Dental Hygiene Drug and Law exam:

- Dental Hygiene Law in the state of Washington: <http://apps.leg.wa.gov/RCW/default.aspx?cite=18.29>
- Administrative Procedures and Requirements for credentialed health care providers in the state of Washington: <http://apps.leg.wa.gov/wac/default.aspx?cite=246-12>
- Dental Hygiene Rules in the state of Washington: <http://apps.leg.wa.gov/WAC/default.aspx?cite=246-815>
- Dental Rules in the state of Washington: <http://apps.leg.wa.gov/wac/default.aspx?cite=246-817>
- Washington State Department of Health: <http://www.doh.wa.gov/>

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## Testing with DANB

### Timeline

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

<b>Application processing</b> within 4 weeks	DANB reviews your application and documentation within four weeks. Exams that do not require documentation may be processed more quickly.
<b>Testing window</b> 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.
<b>Preliminary exam results</b> available on exam day	<b>Test center exams:</b> You will receive preliminary results at the test center after completing your exam. <b>Online proctored exams:</b> You will receive a link to access your preliminary results after completing your exam.
<b>Official exam results</b> 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 <https://www.danb.org/exams/forms-and-policies>, 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

Minors who are under the age of 18 are permitted to present a valid student ID as a form of identification for online proctored exams only. In addition, for exams administered through online proctoring, the candidate's guardian must

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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

DANB exams are designed to provide an equal opportunity for each candidate to demonstrate their knowledge-based competence. The exam will be administered to best ensure that it accurately reflects a candidate's aptitude or achievement levels intended to be measured, rather than reflecting a candidate's impaired sensory, manual or speaking skills except where those skills are factors the exam purports to measure.

DANB adheres to the provisions outlined in the Americans with Disabilities Act. In accordance with this act, DANB will make every reasonable effort to offer the exams in a manner that is accessible to people with documented disabilities.

DANB reserves the right to authorize the use of auxiliary aids or modifications in such a way as to maintain exam integrity and security. DANB exams are administered only in the English language. Modifications will not be approved for a candidate who requests accommodations because English is a second language.

## ACCOMMODATIONS FOR EXAMS TAKEN AT A TEST CENTER

For candidates who provide DANB-accepted documentation of a disability, DANB offers time extension, a private room, and/or a reader. DANB will attempt to provide the necessary provisions, unless providing such would fundamentally alter the measurement of knowledge the exam is intended to test, would result in undue burden, or would provide an unfair advantage to a candidate with disabilities.

If the candidate requires accommodations to test, the candidate must request specific accommodations and submit supporting documentation with the exam application through their online account or with a paper application. The request forms and documentation must specify exactly what aid or modification is requested by a qualified professional. The [Reasonable Accommodations form](https://www.danb.org/exams/forms-and-policies) can be downloaded at <https://www.danb.org/exams/forms-and-policies>.

## ACCOMMODATIONS FOR ONLINE PROCTORED EXAMS

Some reasonable accommodations are not available when testing remotely (e.g., a reader). Please note that this is temporary.

For online proctored exams, the only accommodation that DANB offers to those who meet reasonable accommodations requirements is additional time to test. If additional time is required to test, DANB will attempt to make the necessary arrangements, unless providing such would fundamentally alter the measurement of knowledge the exam is intended to test, would result in undue burden, or would provide an unfair advantage to a candidate with disabilities.

If the candidate requires additional time to test, the candidate must request accommodations and submit supporting documentation with the exam application through their online account. The request forms and documentation must specify exactly what modification is requested by a qualified professional. The [Reasonable Accommodations form](https://www.danb.org/exams/forms-and-policies) can be downloaded at <https://www.danb.org/exams/forms-and-policies>.

## Schedule an Exam Appointment

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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 or at home through online remote proctoring. 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 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](http://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
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. For in-person exams, cancel the existing exam appointment through Pearson VUE at least 24 hours before the scheduled exam start time. For online proctored exams, cancel the existing appointment any time before the scheduled exam start time. To cancel the appointment:
  - a. Within your online exam prompts to “Schedule” their exam. They will be redirected to the Pearson VUE dashboard.

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- b. Select the exam and click “Cancel” appointment on the right-hand side of the Authorization Details page. Once the 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 <https://www.danb.org/exams/forms-and-policies> for [the Cancel a Testing Window form](#). All refunds will be issued to the payer. Only the candidate can request to cancel any completed application to receive a partial refund regardless of who paid for the application.

## Missed Exam Appointment

If you miss your exam for any reason other than a valid emergency, you may reapply for the exam at a reduced fee within 60 days of the missed exam appointment. 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 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.
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.

After 60 days, 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 request a new testing window due to a missed exam appointment.

## MISSED TEST CENTER 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.

## MISSED ONLINE PROCTORED EXAM APPOINTMENT

You must complete the check-in process no later than 15 minutes after the start of your scheduled exam appointment or your appointment will be declared missed. During the exam check-in process, if there are any technical issues, including an unstable internet connection, or you cannot meet the setup procedures, it may delay the check-in process and/or cause you to miss your scheduled exam. Exams can only be held for 15 minutes past the exam start time, so it is your responsibility to ensure that all necessary check-in steps have been successfully completed prior to that time to begin exam delivery.

If you experience internet problems during your exam, such as an unstable internet connection, the exam may not be successfully delivered. If this happens, your exam will be recorded as missed and no refund will be provided.

If you missed the exam due to a valid emergency, you may complete the [Request New Testing Window due to an Emergency form](#) to receive a new testing window. Please see the next section for details.

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## 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.

## Minor Testing Policy

DANB exam candidates who are under 18 years old will need to obtain consent from their parent or legal guardian to take an online proctored DANB exam. The [Parent/Guardian Consent Form](#) can be downloaded from DANB's website. The DANB exam candidate's application will not be considered complete unless the Parent/Guardian Consent Form is completed and submitted to DANB. A separate consent form must be submitted with each DANB exam application.

## 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).

# Washington State Dental Hygiene Drug and Law 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](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.



# Washington State Dental Hygiene Drug and Law Exam

## 2022 WSJ Exam 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: 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 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 WSDOH 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: Work Experience Information

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

### 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 **\$150.00**

WSJ  
3935

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 they 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

Fax: 312-642-8507

Questions? 800-367-3262 or danbmail@danb.org

Do not submit twice or you will be charged twice.

# Washington State Dental Hygiene Drug and Law Exam

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## Application Checklist

### Have you:

- Read the instructions and information in this application packet?
- Read and agreed to be bound by Washington and DANB rules, regulations, policies and procedures as noted in this application packet? (See *Application Statements*, p. 12)
- 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 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 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.**